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The Protection and Promotion of Mental Health in Schools

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U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

PUBLIC HEALTH SERVICE

THE PROTECTION AND PROMOTION OF MENTAL HEALTH IN SCHOOLS

Prepared by
Nadine M. Lambert
With the assistance of
Eli M. Bower
Gerald Caplan
John N. Duggan
William G. Hollister
Donald C. Klein
Nevitt Sanford
Daniel Schreiber

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U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

**Public Health Service
National Institutes of Health
National Institute of Mental Health**

**Bethesda, Md. 20014
Revised 1965**

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PREFACE

This monograph is the joint effort of the eight contributors who first participated in the Annual Conference of the California Association of School Psychologists and Psychometrists in Los Angeles in March 1962. At that time each of the participants was asked to focus his contributions on what the school could do in preventing mental and emotional disorders in children. The total impact of the contributions was sufficiently rewarding to the participants and audience so that the program was scheduled for a rerun at the annual convention of the American Psychological Association. From these presentations, tape recordings and notes, Mrs. Lambert, then President of the California Association of School Psychologists and Psychometrists, prepared the final draft of this report.

What this group of educators and behavioral scientists have attempted to do is admittedly difficult. Prevention has all the qualities of a slippery fish but with even less substance to hang on to. The group of contributors therefore tried to clearly establish the conceptual basis for prevention of mental and emotional disorders in children and adults.

We would like to thank all the contributors for their assistance in this endeavor; Mrs. Lambert for planning, organizing, and developing the monograph; and Mrs. Kathleen Sproul for editing the final manuscript.

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INTRODUCTION

Nadine M. Lambert, *Research Consultant, California State Department of Education, and President, California Association of School Psychologists and Psychometrists*

For many years the human and financial cost of behavior disorders in the United States has been staggering, and its continuing increase is almost geometric. The meaning of the increase is clear: by and large our society is still resisting the idea that mental and emotional disorders are human conditions and, as such, can possibly be eliminated by being prevented. Thus, while within the past two generations community sanitation control and a vast range of medical discoveries have enabled human beings to live longer and in less fear of devastating physical disease, comparable full-scale efforts have simply not been applied to the behavioral disorders because our society has not insisted they should be.

What have been termed school preventive programs in the behavioral fields during past decades have been focused on children and youth already in trouble—which meant, as the behavioral science experts knew full well in their hearts, that they were not preventive programs at all. These represented the half-loaf won from a grudging society and were at least better than no loaf. Referrals were made to community child guidance clinics and to private psychologists and psychiatrists, but whether the agencies were public or private, appointment books were equally and disastrously jammed up. Many school systems established (or tried to do so) in-house psychiatric programs for referrals. All such efforts were based on several hopes: that there could be *someday* enough guidance clinics with enough personnel, so that a child could be seen immediately on referral rather than 6 months to a year later; that there would eventually be enough private practitioners with enough time to devote to these problems, which usually sprout thickest among families whose capacity to understand them or to pay for solutions is thinnest; and that eventually more psychologist, psychiatrists, and social workers would be available to the schools' own programs (if a school was fortunate enough to have such a program).

These were the hopes. Meanwhile we were doing what we thought was our best with the existing programs—but let me repeat that these were programs for children *already in trouble*. We were doing very little in the way of primary prevention.

It is difficult to say just when the professionals in the field began to be bitten by the bug of realism. But there did come a time, not very long ago, when it was apparent that we would probably never have

enough child guidance clinics and mental-health manpower of various needed kinds to deal with these problems. Once this had been clearly perceived, the corollary was equally clear: we needed to start *before* the problems grew to full size and, if possible, *before* they even had a foothold. In other words, preventive programs must aim at building the strengths in children that would help them avoid behavior problems. And where is the laboratory, the logical proving ground for this approach? It has been with us all the time: the school is the strategic place in which to start building these strengths.

The first educationists-by-necessity in a prehistory tribal setting surely knew this. They did not talk about ego-strengths; they merely showed, for instance, a weakling antisocial boy how to put the extraordinary farsightedness of his eyes to the service of the hunters who could throw a spear harder and farther than he could, but who lacked his talent for discerning an animal quarry at a great distance. I wasn't there, of course, but my guess is that thereafter the boy forgot about being antisocial because he had been accepted as a valuable adjunct of the society.

The Annual Conference of the California Association of School Psychologists and Psychometrists, meeting in Los Angeles in March 1962, addressed itself to this role of education, from the twin standpoints of *preventing* learning and behavior disorders in young people and of *building* strengths through learning. The papers presented at the conference are published in this volume. They represent an effort to illustrate *the essential role of the schools in the development of personality and the potential of educational institutions to assist in preventing learning and behavior problems in children.*

The hope of the conference was that by taking a long, careful look at this potential of the schools it might suggest how the static condition of our present activities in this area could be changed into a dynamic effort. Such an effort is needed to exert major influence on our Nation's greatest social problem—adults who fail, because society gave them as children no guarantee against failure, to meet the challenge of modern living and who thus become dependent on the custodial, salvage operations of society for survival.

The first paper, by Eli Bower, formerly with the California State Department of Mental Hygiene and now consultant with the National Institute of Mental Health in Bethesda, Md., provides a general public health frame of reference for prevention. The second paper, by Gerald Caplan, psychiatrist with the Harvard University School of Public Health who has made major contributions to the field of mental health consultation and to the area of prevention of mental disorders in children, directs attention to the etiology of personality difficulties and to the possibilities of preventive work during the development and course of an emotional difficulty. Third, Nevitt Sanford, Director of the Institute of Human Problems at Stanford University, deals specifically with the role of education in personality development.

Following this development of the preventive frame of reference are papers concerned with applications. William Hollister, of the National Institute of Mental Health, who has long been concerned with the training and role of pupil personnel workers and has been instrumental in assisting graduate schools to broaden these curriculum horizons, summarizes his recent work in relating education to the building of ego and personality strengths. An application of his taxonomy of preventive interventions to the work of the school psychologist is developed by Nadine Lambert, President of the California Association of School Psychologists and Psychometrists.

Examples of programs carried on in the public schools conclude the volume, as an illustration of the new creative and dynamic approach advocated in the earlier papers. The first, an example of primary prevention, describes a program for parents conducted under the direction of Donald Klein, formerly executive director of the Wellesley Human Relations Project and now director of the Human Relations Center of Boston University. The last two papers deal with secondary prevention. John N. Duggan, whose primary professional interest is in finding ways of raising the aspiration level of all pupils with college potential, discusses talent searching in a culturally deprived population, and Daniel Schreiber, now director of the School Dropout Project sponsored by the National Education Association, describes such a program which was carried on by the New York City schools—the Higher Horizons Project.

I. Primary Prevention of Mental and Emotional Disorders: A Frame of Reference

Eli M. Bower, *Deputy Director, Liaison and Prevention, California Department of Mental Hygiene*¹

Let me first define primary prevention of mental and emotional disorders as operationally as possible: it is any specific biological, social, or psychological intervention which promotes or enhances mental and emotional robustness, or reduces the incidence and prevalence of learning and behavior disorders in the population at large. By way of analogy, three or four polio vaccine shots are a primary prevention of polio; after an individual has received them his resistance to polio is, hopefully, strengthened significantly. If he has not received them, but seems to show early signs of the disease, other interventions on his behalf would be termed secondary prevention. If he has succumbed to the disease, the successive application of such measures as iron lung treatment, exercise therapy of various kinds, and later rehabilitation therapy would be called tertiary prevention. In other words, the three stages of prevention are: *primary*, what is done for population at large; *secondary*, what is done for identifiable vulnerable groups; *tertiary*, what is done by way of treatment and rehabilitation.

Primary prevention as a goal in the field of health often combines a faith in magic with an equally strong belief in man's capability to handle a virus, a protozoan, or the discrete elements of social pathology. Witch doctoring is still rather profitable in

the United States; Americans spend upwards of a billion dollars annually on magical remedies. One still hears of the magic bullets and miracle drugs and to some degree these are indeed magical and miraculous. Yet polio is now preventable, and so is tetanus, smallpox, plague, typhoid, diphtheria, goiter, and several different kinds of influenza. In the field of mental and emotional disorders we can point to a few specific diseases—among them pellagra and more recently phenylketonuria—which are preventable in a primary sense. By and large, however, one needs a very high-powered microscope or telescope combined with radar and sonar equipment to find any widespread major efforts in program, demonstration, or research in the prevention of emotional disorders.

Primary prevention of these disorders is a problem with which few wish to wrestle. Many try to avoid the wrestling match by asserting that the best prevention is early treatment, but the degree of "earliness" is left in ambiguity. In other words, we need to face not only that there are few enthusiastic supporters in the mental health professions, in the community at large, or in legislative bodies for preventive programs, but also that there is a great deal of rational and serious resistance to such programs. If we hope to install programs that will have at the very least an even chance of trial, I believe it is important for those of us in this field to understand some of the reasons for the resistance.

¹ Presently Consultant, Mental Health in Education, National Institute of Mental Health.

One of the major deterrents to the development of prevention programs is the idea held by many experts that nothing much can be accomplished unless we have a thorough social overhaul. Mental and emotional disorders are seen as the exclusive result of injustice, discrimination, economic insecurity, poverty, slums, and illness. Any effort, therefore, which is not aimed directly at major social change is viewed by this school as inadequate and inconsequential—like trying to fell a giant sequoia with a toy axe. Another view sees the prevention effort as involving wheels within wheels within wheels, highly complex and sticky. The alleged magnitude of these complexities is a deterrent to psychologists and social scientists who can, with little effort, find more digestible and much neater problems to define and solve. Some who see the value of pursuing the problem's elusive solution look in vain for something akin to Archimedes' lever which could move the whole problem at once. Others are less ambitious, but simply cannot determine how or where to begin.

A second factor in the resistance to prevention programs which needs to be anticipated and managed involves the fortress of personal privacy—the much-publicized right and privilege of each person and each family in a free society to mind their own business and have others mind theirs. Primary prevention in any health matter has always meant intervention in the lives of persons in the population at large. But if the intervention takes place prior to such time as the persons needing special help are singled out, it may not then be an invasion of personal privacy but perceived as a necessary and, indeed, a mandatory step for the common good. Even at this level, public acceptance takes time. For instance, regulation of auto traffic, of school attendance, and of polio and smallpox vaccination have become generally acceptable; yet water

fluoridation for dental hygiene still raises the issue of invasion of personal privacy in certain communities, which may or may not decide to accept this preventive program.

Under the pressures of an expanding population and an earth grown smaller through instant communication and quick transport, an individual's conduct is becoming more and more the business of his neighbors. The California Vehicle Code contains 1,800 laws that did not exist 40 years ago. Today's building and planning codes determine how a man may use his property—even to the kind of structure he may erect on it—and in crowded urban areas such codes are socially necessary. Restrictive traffic laws may be said to infringe upon one's right to drive as he pleases, but we all know that our freedom and our lives depend on such restrictions. One uninoculated smallpox carrier endangers all of us. Similarly, but seldom acknowledged, one child with inadequately controlled id impulses or inadequate superego development endangers his next door neighbors and his entire community. The nub of all these problems is to find a way of intervening which is right and proper, and which can be understood, and therefore sanctioned, by the majority of citizens.

In the behavioral field there are at present some institutions which have an opportunity to explore ways of increasing their potential for primary prevention. The well-baby clinic and the public school are given informal and official sanction to "interfere" and "meddle"—the former, in terms of the child's health and family environment, the latter, in terms of the child's educational progress or lack of progress. Nevertheless, these institutions, too, must be alert to the conflicts inherent in such sanctions. The school must find its leverage in its assigned task of educating children and therefore carefully define the role of such auxiliary services as psy-

chological testing and mental health consultation in assisting the teachers to carry out their instructional tasks. To most parents the health and educational progress of their children represent important and highly significant processes; more often than not there is a strong motivation to work with the school or the well-baby clinic to enhance their children's healthiness and educational success.

Certain values of our society, however, constitute another barrier to the development of prevention programs: success is often associated with virtue, and failure with sin. Deep in our culture is the notion that in a free society each person has equal opportunity with his fellows to show his mettle as a conscientious, hardworking, and—consequently—successful citizen. If he chooses not to be conscientious (according to the majority's definition of this term) and hardworking, the prevailing mores hold that he has only himself to blame for the result. This is the stereotype. Realistically, there is increasing clinical and research evidence to support the hypothesis that children who find healthful satisfactions in relationships with family, neighborhood, and school, will as adults find these same satisfactions; and that the children who find frustration and defeat in these primary institutions also tend to be defeated as adults.

Prevention, as a specific activity, still has the major problem of interesting and involving a great many more members of the mental illness professions. Most of these men and women are involved in relationships with individual patients and of necessity, are largely concerned with the curing of illnesses. As T. F. Fox points out:

Curative medicine has generally had precedence over preventive medicine: people come to the doctor to be healed, and most practicing physicians still think of prevention as subsidiary to their main task—which is, to treat the

sick. Though they subscribe, intellectually, to prevention, they really feel more at home when the disease has "got going."²

In this connection, one may need to recognize and deal with a minimization or depreciation of processes of psychological change other than intensive psychotherapy. The mental health worker, whether psychiatric technician, nurse, psychologist, social worker, or psychiatrist, is often deeply impressed by the mountainous obstacles in effecting positive, healthful changes in mental patients and, consequently, finds it difficult to comprehend how less intensive types of experiences might have prevented the illness. Ian Stevenson, in his study of direct instigation of behavioral changes in psychotherapy, points out that some patients often improve markedly when they have mastered a stressful situation or relationship and that, if such patients are helped to manage a day-to-day problem, change does take place.³

It is possible, that our overemphasis on individual therapy as a major community resource retards to some degree our interest in, or the priority given to, prevention. The fact is, however, that primary prevention is the concern of all of the mental health professions—not merely the responsibility of any one group. Much preventive gold can be mined from clinicians and therapists by encouraging them to translate their clinical experiences and knowledge into programs with preventive possibilities, and we should make use of these avenues. Such translations, however, must be within a framework of what is operationally feasible, in what Kardiner called the "Key Integrative Systems" of

² Fox, T. F., "Priorities," *Proceedings of the 36th Annual Dinner Meeting, Milbank Memorial Fund* (1960), p. 16.

³ Stevenson, Ian, "Direct Instigation of Behavioral Changes in Psychotherapy," *AMA Archives of General Psychiatry*, vol. 1 (1959), p. 99-107.

a society—its primary institutions which shape the basic personality structure of its members.⁴

And finally, there is the knotty problem of defining the goals of prevention. If our prime intention is the promotion of emotional robustness and of ability to *cope with life* rather than to *defend against it*, that goal needs to be given a base of health objectives that are specific, positive, and (hopefully) measurable. As Rene Dubois points out:

Solving problems of disease is not the same thing as creating health. * * * This (latter) task demands a kind of wisdom and vision which transcends specialized knowledge of remedies and treatments and which apprehends in all their complexities and subtleties the relation between living things and their total environment.⁵

Evaluative baselines are difficult to define or use, because of the lack of specificity of what constitutes mental illness, plus the changing character of this illness. Nevertheless, such evaluations of the health of a community are the *sine qua non* of preventive programs. The effect or worth of any program will require evidence of its impact on the health of large groups of persons; without a conceptual and evaluative framework, such programs can neither be formulated nor tested.

A Framework for Primary Prevention

Thus, no one single problem covering primary prevention is of greater urgency than the development of a platform or position from which one can begin to organize and act. One cannot exert leverage on any field of forces except from some

fixed position. Even if this framework is only theoretical it can serve us to develop hypotheses, test them, and then further develop or, if need be, abandon the original framework. The definition of primary prevention with which this paper began is one kind of platform from which action can take off. Let me repeat it here.

"Primary prevention of mental and emotional disorders is any specific biological, social or psychological intervention which promotes or enhances the mental and emotional robustness or reduces the incidence and prevalence of learning and behavior disorders in the population at large." In this framework, then, we would aim preventive programs at persons not yet separated from the general population and, hopefully, at interventions which are specific enough to be operationally defined and measured.

Taking off from this position, it seems to me that we must make the following basic value assumption: that those social, psychological, and biological factors which tend to enhance the full development of the human characteristics of man have illness-preventive potential and are therefore desirable and that factors which tend to limit or block such development have illness-producing potential and are therefore undesirable. By human characteristics, the full development of which are sought, I would propose the ability to love and the ability to work productively (Freud's "Lieben und Arbeiten"). Philosophically, one might propose those aspects of man's experience which give him the maximum ability to adapt to his own potential as well as to the realities of his environment. One can, therefore, hypothesize that forces which increase or enhance the degrees of freedom of man's individual and social behavior are mentally healthful, and that those which reduce such freedom are unhealthful.

What, specifically, is meant by degrees

⁴Kardiner, Abraham, "The Individual and His Society," New York, Columbia University Press (1945).

⁵Dubois, Rene, "Mirage of Health" (Harper, 1959), p. 22.

of behavioral freedom? Behavioral freedom may be regarded as the ability of the organism to develop, maintain, and enhance resiliency and flexibility in coping with problems. Operationally, the degree of such freedom may be defined as the number of behavioral alternatives available to an individual personality under normal or stress conditions.

In thinking of preventive action as increasing man's behavioral degrees of freedom, reference needs to be made to L. S. Kubie and his relentless pursuit of this notion in discriminating between neurotic and non-neurotic behavior. His contention is that socially positive behavior can be the consequence of either healthy or neurotic processes, but that the basic difference between the normal and the neurotic is the organism's capacity, or lack of capacity, to maintain its elasticity. This elasticity manifests itself in the individual's freedom and flexibility to learn through experience, to change, and to adapt to changing circumstances.

Thus, the essence of normality is flexibility, in contrast to the freezing of behavior into patterns of unalterability * * * that characterizes every manifestation of the neurotic process whether in impulses, purposes, acts, thoughts, or feelings. No single psychological act can be looked upon as neurotic unless it is the product of processes that predetermine a tendency to its automatic repetition.⁶

Characteristically, behavior that is motivated primarily by unconscious personality forces becomes a recurring pattern of action, because the goals of such behavior, being basically symbolical and highly masked to the individual, are seldom attainable. The further they are pur-

sued, the stronger and more rigid become the behavior patterns, and the slimmer are the chances of moving on to new patterns. Thus, such behavior is repetitive and relatively unresponsive to experience. On the other hand, behavior motivated by forces at a level of relative awareness is usually directed at goals which are reasonably attainable and, subsequently, reduce the need to continue the same behavior pattern. The degrees of freedom—or the number of behavioral alternatives available to an individual—are therefore enhanced to the extent to which behavior is the result of preconscious or conscious forces in the personality.

One might, however, question the assumption, as does F. C. Redlich, that the individual is moved in a more healthful direction when acts are determined by conscious or preconscious forces rather than by unconscious forces.⁷ For example, are not unconscious defense mechanisms health-producing and health-oriented in their adaptive and ego-protective goals? To the extent to which the organism needs ego defenses to maintain himself and mediate noxious forces in his environment, such defenses are productive of health. Yet, with increasing use of such unconscious defenses the organism, in the long run, will become less and less able to choose alternative modes of behaving and will more and more weave into the personality an inflexible and repetitive behavior pattern. Nevertheless, it is undoubtedly true that some repetitive, inflexible types of behavior can produce benefits in certain relationships, particularly in specific vocations or jobs.

The operations of neurotic processes in individuals can and do result in *culturally defined* successful behavior; an individual with relatively few degrees of behavioral

⁶ Kubie, L. S., "The Fundamental Nature of the Distinction Between Normality and Neuroses," *Psychoanalytical Quarterly*, vol. 23 (1954), pp. 167-204.

⁷ Redlich, F. C., "The Concept of Health in Psychiatry," in Alexander Leighton, et al., eds., *Explorations in Social Psychology* (Basic Books, 1947).

freedom may find himself in a life space where the demands are limited and coping is possible. Similarly, a person can be a blatant failure without benefit of personality defect or neurosis. All of this emphasizes the difficulties in defining behavioral illness or health without reference to the contest and expectations of the social milieu in which the personality must function.

The concept of degrees of behavioral freedom as representing the difference between health and illness is also a key to the main difference between coping mechanisms and defense mechanisms. *In coping with problems* the organism maintains and develops resiliency and resources; *in defending against problems* the organism develops blocks and distortions which reduce resiliency and resources and deprive it of the freedom to act in new ways. Coping can be conceived of as integrative to personality, defending as disintegrative.

Jerome Bruner points out that there is always a mixture of coping and defending in dealing with problems, and that it is highly important that we distinguish sharply between the two processes. He says that such a distinction can best be made in terms of learning effectiveness:

Let me suggest that effective cognitive learning in school—in contrast to the gratification-demanding, action-related, and affect-infused earlier learning—depends upon a denaturing process, if I may use such a fanciful expression. This involves at least three things. It requires, first, the development of a system of cognitive organization that detaches concepts from the modes of action that they evoke. A hole exists without the act of digging. Secondly, it requires the development of a capacity to detach concepts from these affective contexts. A father exists without reference to the thinker's feelings of ambivalence. It demands, moreover, a capacity to

delay gratification so that, figuratively, each act of acquiring knowledge is not self-sufficiently brought to an end either by success or failure, and whatever happens can be taken as informative and not as simply frustrating or gratifying.⁸

The Role of Primary Institutions in Prevention

The zonal classifications of people and services developed by Dr. Dan Blain is another way of looking at the same conceptual framework. In this context, primary institutions are seen as increasing the degrees of freedom of the population they serve so that there is a significant reduction in the need for secondary or tertiary institutions. In this framework the goals of programs of primary prevention would be as follows:

1. To increase the biological robustness of human beings by strengthening those services that deal with prenatal care, postnatal care, and the developmental problems of early childhood and adolescence.
2. To increase the area of effectiveness of primary agencies so that they may encompass a greater variety and greater number of persons in the general population. For example, the extension and accessibility of primary zone school services for retarded or emotionally disturbed children may make it possible that a child will not need secondary or tertiary services. Again, if health services for mothers or mothers-to-be were located close to neighborhood shopping centers or laundromats, the service could be offered on posters which read "Get a little help with your health

⁸ Bruner, Jerome S., "On Coping and Defending" (mimeographed), p. 8.

or pregnancy problems during your wash cycle." A great many such special social techniques are necessary to persuade some women to use available social and medical services.

3. To decrease excessive or unhealthy stress or, conversely, to work with institutions to build greater stress immunity and manageability into their programs. Can we, for example, build some kind of psychological immunity into children and adolescents by providing controlled exposure in small measure to certain noxious emotional forces and then assisting children to mediate or manage them healthfully?

It is evident that these primary institutions and services can be seen as the front line defenses of a community. Among the forces which may move people out of the sphere of primary institutions that are not geared to contend with such forces are (1) the vulnerability of the organism to stress, (2) the number and character of the emotionally hazardous situations and crises which the individual is required to mediate and manage, and (3) how mediation and management is accomplished. The key to this movement lies in the character of mediation process (coping or defending).

An emotionally hazardous situation is any sudden alteration in the field of social forces affecting an individual so that the individual's perception and expectation of self and others undergo change. In this definition the hazardous situation or crisis is a *normal life occurrence*, which is temporarily upsetting, not always in an unpleasant sense yet necessitating rapid reorganization and mobilization of an individual's personality resources to deal with it. Examples are such situations as birth of a sibling, death of a loved one, school entrance, school failure, marriage, job promotion, divorce, or inheritance of

a large sum of money from a dead uncle's estate. The greatest hazard is that the individual may find himself unable to manage the increased stress in a healthful way. Yet since these situations are part of the normal process of living, they are, in a large part, the cutting edges which sharpen and crystallize personality development and integration.

Whether for good or for bad, emotionally hazardous crisis situations have these aspects in common: (1) they cause a rise in inner tension and uneasiness, (2) they cause some disorganization in normal functioning, (3) and they necessitate some internal change in self. An individual in such a situation can be said to be lightly balanced, so as to be able to move quickly in any direction. During this period of relative instability, minimal forces have their greatest effect, much like the effect of a one-gram weight at one end of an extremely delicately balanced seesaw. Such a small force would have little effect if the other forces governing the organism were relatively stable.

The implications of the emotionally vulnerable situation or crisis as a fulcrum for preventive action by the primary institution is clear. To the extent to which the institution or service can identify such situations and is prepared—or strengthened—to make the most of this opportunity, to that extent can it place grams of force on the side of health and personality growth. In some cases, institutions are capable of being aware of certain crises and can thus do a great deal to help individuals deal effectively with them. In other cases, however, the service may fail to recognize relevant crises or, in still other cases, recognize the crisis but fail to take advantage of the health-producing potential of the situation.

For example, a school may be well aware of the effect of the birth of a child on his siblings, but as an institution seldom may be in a position to obtain and use this in-

formation. Yet this important and natural event is often sufficiently upsetting to the life of the sibling to warrant anticipation by the school. To capitalize on this "emotionally hazardous situation," teachers may need to plan opportunities for the sibling to be recognized, to be helpful, to be successful—in short, to help the child by managing and mediating his crisis within the structure and role of the institution. The child may need no more than an extra pat on the back by the teacher; in other cases, a planned teacher-parent conference may be of help. What is critical here is (1) recognition by the institution of the emotionally vulnerable position of the child and (2) readiness to act positively upon it.

There is evidence that one-parent families are more vulnerable than intact families to stress and emotional hazards. This provides another opportunity for preventive action by another primary institution—the child-care center. Properly staffed and oriented, this facility can be a force in developing and maintaining some type of social intervention for the mothers and children utilizing its services. In theory, the child-care center would be reinforced as a primary institution if its staff included specially trained personnel who could work with a parent or the regular staff on the normal problems of people who are bringing up children but must work as the breadwinner at the same time.

Whither Prevention?

Prevention is at present a high-status word in the mental health field and generally applicable to almost all professional endeavors. It may be applied to newer and more effective treatment methods for schizophrenia, to custodial hospitalization of suicidal patients, or to the use of quieting drugs for overactive patients. It may also be used vaguely to mean improved housing, better human relations, better schools, more staff, and so on.

This lack of pinpointing of what we mean by prevention is especially critical in a field which already has a large element of vagueness and expansiveness. If, as Freud noted, thinking is action in rehearsal, it behooves individuals interested in preventive action to get ideas into rehearsal which are primarily preventive, which are specific enough to be duplicated in more than one locality, and which are operational enough to be evaluated within one's lifetime. We must also keep in mind that the preventive battlegrounds are the primary institutions or services of a society. It must be determined what interventions or modifications these institutions can make to reduce the emotional vulnerability or enhance the strength of the human organisms which they serve.

Prevention, it would seem to me, has to do with building a greater degree of immunity-producing experience in our primary institutions through specific interventions at points where the psychological discomfort of an individual can be predicted and where a little help can go a long way. The nature of these interactions and experiences should enhance the degrees of psychological freedom of an individual to discover and select new behavioral alternatives in dealing with the slings and arrows of life.

The rigid and unchanging elements in human nature tend to entrench themselves in institutions which in turn become rigid and unchanging. Similarly, professional groups tend to entrench their ideas and interests with the result that the professional person understands everything about his job except its primary purpose. Often we are slaves to our training, both personally and professionally, and do the things we know how to do instead of trying to do the things we ought to do. School psychology is a relatively new profession, to which fate has given an unequalled opportunity. For good or bad, its practitioners are bound to a primary institution—

the school—and must find the profession's identity and uniqueness in this institution's efforts to serve the health and educational needs of children. As Mark Twain said, "Soap and education are not as sudden as a massacre but they are more deadly in the long run."

A telling model of the need for prevention is embodied in an old Cornish custom which was at the same time a simple and valid test of what might be called social insanity. In the 1600's a person suspected of being insane was put in a small room in front of a sink in which was placed a bucket. The faucet was then turned on.

The subject was given a ladle and asked to empty the water from the bucket. If he tried desperately to bail the water out of the bucket without curtailing or attempting to reduce the flow at its source, he was considered insane. Any society or community which attempts in this 20th century to provide bigger and better buckets of cure for behavior disorders without at the same time trying to reduce or stop the flow of their sources is equally suspect of insanity. I urge all of us to examine the tap, and to look for the tools and the methods by which we can begin to turn it down or turn it off.

II. Opportunities for School Psychologists in the Primary Prevention of Mental Disorders in Children

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Primary prevention is a public health term denoting measures to reduce the incidence of a disorder in the community; namely, to lessen the rate of new cases of the disorder occurring during a specified period of time. In contrast to secondary prevention, which aims at lowering the frequency of sick persons at a particular time by successful treatment of established cases prior to that time, so that the duration and therefore the number of old cases is reduced, primary prevention focuses, not upon *persons* who are sick, but upon the *factors* which lead to sickness. At the present time we know the etiology of only a few mental disorders, but we do have some plausible assumptions regarding factors which are either conducive or inimical to functioning in a mentally healthy fashion. On the basis of these factors it is possible to develop programs which may lower the risk that persons will react to life experiences in an unhealthy way.

In the field of mental health a conceptual model borrowed from the field of physical nutrition is helpful in clarifying some basic issues. We can conceive of healthy personality development and the avoidance of mental disorders as depending upon the provision to the individual of adequate supplies—physical, psychosocial, and sociocultural—which are appropriate to his successive phases of growth and development. Underprovision or overprovision of these supplies in relation to his current needs constitutes a pathogenic influence which may lead to an immediate mental disorder, because the individual can find no reality-oriented way of coping with the stress, and is forced to deal with it by the magic of neurotic symptoms or by separating himself from the burdensome world of reality through some alienating psychotic response. The influence may also lead to a weakening of personality through the development of a pattern of evading the issue, which on this occasion

may be successful, but may break down in the face of some future difficulty. On the other hand, many individuals will master the current pathogenic influence, because adequate supplies in the past have given them psychological strength and resilience, and because they make active use of alternative sources of supply in the present.

The Goals of Primary Prevention

Primary prevention of mental disorders has as its long-term goal the ensuring of continually adequate physical, psychosocial, and sociocultural supplies, which both avoid stress and increase the basic capacity to withstand future stress. It also has the short-term goal of providing current help to individuals wrestling with life difficulties so that they may find healthy ways of mastering them.

Crisis and Basic Supplies

The long-term and short-term goals can be conceptually linked by using the theory of crisis. This theory focuses upon the phenomena which are regularly manifested when an individual struggles with a current life stress, related to the loss—or threat of loss—of his basic supplies, or to a novel situation which challenges him beyond his current capacity. A period of cognitive and emotional upset ensues for the individual, whose previous equilibrium of behavior is disorganized by burdens and demands which he has no ready way of escaping or mastering. He is said to be in a state of personal crisis: he is usually confused, and suffers from a rise of tension and from a variety of negative feelings, such as anxiety, depression, anger, shame, guilt, and frustration. The most characteristic manifestation of a crisis is that it is self-terminating. After a relatively short period of a few days to a few weeks, the tension dies down, the negative feelings dissipate, and the individual achieves a new equilibrium. This occurs

as a result of a complicated series of changes, both in the psychological structure of the individual and in his relationships with his environment. These adjustments and adaptations suffice to deal with whatever problem precipitated the crisis. Important for the current or future mental health of the individual is the pattern of his coping behavior during the crisis. Studies have shown that some individuals during such a crisis struggle with their problems in an effective way and achieve a reality-based, culturally acceptable, pattern of adjustment and adaptation.¹ These individuals emerge to a new equilibrium which is healthier than their previous state. During the crisis they added to their previous repertoire of defenses and problem-solving methods some novel responses which have increased their capacity in the future successfully to master new stresses. They are less likely than previously to be forced to deal with such situations by magical, regressive, or alienating mechanisms, which lead to mental disorder.

Other individuals show the opposite picture. They do not cope adequately with the crisis problems. They do develop novel responses, but these are ineffectual—that is, issues are evaded, or magical or regressive defenses are made use of. These individuals emerge to a new equilibrium which is mentally less healthy, involving either an overt disorder or an increased likelihood of future disorder, because they have incorporated new neurotic or psychotic defenses into their problem-solving repertoire.

The previous history of a mentally

¹ See Caplan, Gerald, *An Approach to Community Mental Health* (Grune & Stratton, 1961); Caplan, "Patterns of Parental Response to the Crisis of Premature Birth," *Psychiatry*, vol. 23 (November 1960); Caplan, David M., and Mason, Edward A., "Maternal Reactions to Premature Birth Viewed As an Acute Emotional Disorder," *American Journal of Orthopsychiatry*, vol. 30 (July 1960).

healthy individual shows that he has passed through a succession of crises. Some of them are associated with expectable transitions in his biological development or in his psychosocial role—the so-called *bio-psycho-social developmental crises*, such as socialization necessities in early childhood, or becoming a school child, becoming an adolescent, getting engaged and married, becoming a parent, and so on—and some are associated with accidental happenings, such as personal illness, death of a loved one, or natural or social disaster. At each of these crises a more or less significant development of personality occurred. The improvement in the individual's capacity to deal with life in healthy ways has occurred in a series of spurts, and during each crisis a personality enrichment took place.

In contrast, the history of a mentally unhealthy individual shows a series of crisis way-stations, at each of which wrong paths were taken. His personality developed more and more significant weaknesses, until finally a "straw broke the camel's back," and he emerged from a particular crisis with an overt illness. Looking back at his life, it can be conceived that on a number of occasions it might have been possible for him to have chosen different coping mechanisms and to have taken a healthier path in his life trajectory.

This idea raises the question of what differentiates the group of effective copers, who emerge from crises with improved mental health, from the group of inadequate copers, who emerge with worsened mental health. Is it that crises are states during which those with healthy personalities inevitably get stronger and those with unhealthy personalities get weaker?

Some light is thrown upon this question by attempts which have been made, mainly in the armed services, to predict from personality studies how individuals are likely

to react during, and after, particular crises. However, except for extreme cases, these attempts, carried out with much energy in a number of countries and using a variety of personality tests, have been uniformly unsuccessful in making accurate predictions. It is clear that an individual's reaction during crisis is influenced by the personality with which he enters the situation, and by all his past experience; but studies of crisis show that his coping patterns and the crisis outcome are also influenced both by the vicissitudes of the life events during the crisis period and by their personal significance to him—and in addition by the details of his social interactions during the crisis. A person rarely faces crisis on his own. He is usually involved during that period in relationships with his family and friends, and with professional and nonprofessional members of his community. As his tension rises during a crisis, he usually tries to elicit help from these people, and the signals of distress which he emits usually stimulate them to intervene on his behalf, a complementary pattern which has primitive biosocial roots. Moreover, during the disequilibrium of a crisis an individual is more susceptible to influence by others than during his customary state of relative psychological stability.

Thus the failure of personality tests to predict crisis response is not surprising; the response is being influenced to a major degree by the details of the developing crisis situation and by the nature of the material and psychological assistance derived from significant others during the crisis period. Direct studies of the reactions of individuals have corroborated this. The ways a mother copes with the crisis of the birth of a premature baby is much influenced by the reactions of her husband and other relatives, as well as by the behavior of the hospital nurses and doctors, and by the help she receives from public health nurses and pediatricians when she

takes the baby home.² The way a patient handles the crisis of a surgical operation can be modified by the assistance he receives from doctors and nurses.³ The way a bereaved person handles the crisis of the death of a loved one is influenced by the reactions of his family and social group and by the ministrations of his clergyman.⁴

This leads us to the realization that, since life crises involve not only the danger of provoking mental disorder but also an opportunity for improved mental health, there are two important aspects of basic bio-psycho-social supplies; (1) training in crisis coping, and (2) the provision of services so that during inevitable crises individuals will receive appropriate material and psychological help to assist them to cope adequately with the current situation, and to improve their capacity to withstand future stress.

Implications for Primary Prevention in Schools

Ensuring Adequate Basic Supplies

Physical Supplies. "*Mens sana in corpore sano*" is an accepted slogan in most schools in this country, and there is little need to dwell here on this issue, which is more the province of the athletic coach, the school nurse, and the school doctor than of the psychologist. It is relevant, however, to emphasize that those who focus primarily on mental health must collaborate actively with those who are mainly interested in physical health. In such instances as inadequate nutrition of underprivileged children, disorders of vision and hearing, or culturally based prejudice

² Caplan, Gerald, *An Approach to Community Mental Health* (see footnote 1).

³ Janis, Irving L., *Psychological Stress* (Wiley, 1958).

⁴ Lindemann, Erich, "Symptomology and Management of Acute Grief," *American Journal of Psychiatry*, vol. 7 (September 1944).

against exercise, psychologists should be alert to invoke the aid of the health workers for the benefit of children who have first come to their attention. It is also necessary to build up satisfactory relationships with the doctors and nurses so that they in turn will call upon the psychologist for advice and collaboration in cases of acute and chronic physical illness. The treatment and rehabilitation of a physical defect usually carries with it the opportunity for primary prevention of psychological disorder.

Psychosocial Supplies. The provision of most of these supplies—such as love and affection, a balance between gratification and control of instinctual wishes, appropriate balance between support of dependent needs and the fostering of independence, and provision of personality role models and a primary group as a basis for identity formation—takes place or should take place, outside the school in the family circle. However, especially in kindergarten and the earlier grades the school acts as an extension of the family group, the teacher being a supplementary parent figure, and the other children being accessory sibling figures who can complement and, if necessary, replace supplies which are inadequately provided at home. Later on, as children approach adolescence, teachers become important non-parental role models, and the peer group of children becomes an essential reference group for the development of values which are incorporated as an enrichment of personality. Throughout school life the interchange with teachers and other children provides an opportunity for developing interpersonal skills, and for the consensual validation of a child's feelings about his own identity.

Sociocultural Supplies. The school shares with the family the task of providing most of the basic sociocultural supplies during childhood. Among community agencies its role in this area is pre-emi-

nent. Although religious and recreational agencies have their part to play, and general neighborhood and community traditions and expectations have an important molding effect on the child's personality, it is the school, as the socializing instrument of the community, which determines to a considerable extent how the child perceives the world and its problems, and how he goes about dealing with them. The effect of the school on the child is partly cognitive—in developing and patterning his perceptual set and his methods of problem-solving. Many people believe that the basic function of the school is in teaching children how to think, which in turn influences how they act and react.

Ralph H. Ojemann has criticized the content and process of teaching which obtains in many schools in this country.⁵ He believes they encourage children to develop what he calls "a surface approach," in which they react in judgmental and stereotyped ways to the manifestations of situations, including the actions of others. He has suggested alterations in the content of teaching materials and in methods of teaching which will foster a "causal orientation"—that is, an approach in which the child attempts to understand the causes of the phenomena he perceives, and to choose from among a range of alternatives those reactions which are in keeping with the complicated nature of the presenting situation. This "causal" approach is not taught as a special course, but, as Ojemann has shown, can be integrated in all phases of the school curriculum. He has evaluated the differences in those children exposed to this type of teaching as compared to traditional instruction, and has shown that in later stages of their lives they are better able to deal with the con-

fusion and ambiguity of a difficult problem, and are more flexible in working out effective solutions—both of which capacities have positive implications for crisis-coping.

The contribution of the school to the personality development of children is, of course, not confined to the cognitive area. Both the inculcation of values, which influence motivation, and the development of skills to master and exploit feeling are an essential aspect of education—the so-called character-building upon which good educators have always placed so much emphasis. In relation to improving a child's capacity to deal with life's problems, particular importance is to be ascribed to training that will help him: to withstand frustration and anxiety; to persevere with problem-solving in the face of difficulty; to confront his problems actively and maintain them in consciousness despite their unpleasantness; and to be able to ask for help and use it without a weakening loss of self-esteem.

The work of a group of psychologists associated with the Bank Street School in New York (reported by Barbara Biber), is a good example of the contribution of psychology to the understanding of the mental health implications of the total pattern of the educational process and of the school setting.⁶ Biber calls this "the 'organized complexity' of total school functioning," which includes not only intra-classroom processes but also the value system and psychological atmosphere of the school, "the interaction patterns among staff, between parents and school personnel, and between the school and its community." All of these factors influence the molding of the child's developing personality, with particular reference to psychological resilience and robustness,

⁵ Ojemann, Ralph H., "Investigations on the Effects of Teaching and Understanding and Appreciation of Behavior Dynamics," in Gerald Caplan, ed., *Prevention of Mental Disorders in Children* (Basic Books, 1961), pp. 378-397.

⁶ Biber, Barbara, "Integration of Mental Health Principles in the School Setting," in Caplan, *Prevention of Mental Disorders in Children*, pp. 323-352.

which are not only a basis for effective functioning and creativity but also a bulwark against mental disorder.

The work of both Ojemann and Biber points to a significant role for psychologists in the school system—as participant observers of school life with reference to its general implications for the present and future mental health of the children, and as resource persons who can advise on modifications which may improve the provision of psychosocial and sociocultural supplies. The primary actors in this process are the school administrators and teachers. They are the people who initiate and maintain the educational program and determine its setting, in response to their own personalities, training, and professional experience, and to the prescriptions and demands of the community. They have always been interested in the “character-building” aspect of their work, and they have developed humanistic traditions to deal with this. In recent years many educators have become aware of the specialized research and thinking of psychologists, and they would be interested in exploiting this added resource in developing new approaches to their educational goals.

On the other hand, psychologists must move cautiously in this area: first, because we are relative newcomers in this field and have as yet little scientifically validated knowledge upon which to base specific advice; second, because mental health, which is *our* chief professional goal, is not the primary goal of education, and sometimes must yield precedence to such goals, as technical proficiency or social conformity, which are enjoined upon the school system by the community. Moreover, administrators and educators may feel threatened by the demands of psychologists for changes in traditional patterns, and may be ambivalent and uncertain about possible unfortunate and unexpected side effects of changes which are advo-

cated by those who lack expert knowledge of education.

Nevertheless, psychologists may achieve major mental health goals if they can develop relationships of mutual trust with educators so that the latter will invoke their help toward adding a new mental health dimension to the schools’ planning and program management. The contribution of the psychologists will occasionally be specific advice about curriculum content and timing, but more often it will take the form of putting forward a point of view about the psychosocial and sociocultural needs of children, which could be useful to the educators in leading them to find, on their own, a more sophisticated decision. This point of view should wherever possible be backed by communication of research findings, such as those noted earlier of Ojemann and Biber. In other words, school psychologists should act as channels of information, interpreting to the educators significant research and professional thinking gleaned from psychological and mental health literature and from conferences such as this one.

Psychologists who are interested in this approach may benefit from certain principles and practices of community organization which have been found useful in community mental health. In this field we have discovered that to be optimally effective as professional consultants and expert resource persons it is important not to campaign actively for our own goals with missionary or reforming zeal. Such behavior tends to arouse resistance among members of other professions with different value systems and traditions. It is particularly important to avoid arousing such resistance. Instead, the psychologist must try to obtain sanction to move relatively freely within the system, so that he can learn at first hand how his teacher colleagues perceive their problems and deal with them, since this knowledge is essential if he is eventually to understand

the inner meaning of the questions they ask and the nature of those replies which will have significance for them.

Gaining the acceptance of members of another profession and learning how they operate within their system is a process that cannot be hurried. It is rarely a smooth process. A common language must be developed that will provide mutually acceptable ground rules of interaction and behavioral cues, and free channels of communication. The psychologist and the teacher must get to know and respect each other, which means the overcoming of distorting personal and cultural stereotypes. This is a two-way process and requires effort and patience on both sides. For instance, many teachers have the stereotyped fantasy that psychologists are mind readers and will ferret out their personality weaknesses and their socially unacceptable instinctual desires. This may lead to anxiety and defensiveness in relating to a psychologist. On the other hand, many psychologists take the stereotyped view that teachers who lack systematic knowledge of the laws of psychology are ill equipped to understand and deal with interpersonal matters. This stance of superiority may blind them to the evidence that teachers have conceptual systems of their own to guide their handling of interpersonal transactions which in many cases may be no less effective than the psychologist's systems as a basis for action.

Helping Children to Cope with Crisis

The foregoing section dealt with efforts to ensure adequate basic physical, psychosocial, and sociocultural supplies—efforts which are long-continuing and directed to the entire school community and its effect on all children. Here we will discuss short-term activities and the ongoing work with individual children or groups of children who are currently upset, or in whom it is possible to predict upset in the near future.

There is a necessary link between these short-term activities and the ongoing program of ameliorating the school environment: every individual case should also be considered in relation to its general implications and repetition of cases of similar types in certain grades or at characteristic times in the school year should always stimulate the consideration of general policy changes which may attenuate the hazards or challenges so that they may be less burdensome. It is not possible—or desirable if it were possible—to prevent crisis altogether by obviating threat, loss, or challenge, but if these can be reduced in intensity or sometimes postponed until the individual has acquired greater problem-solving capacity, there is more likelihood that the crisis will be adequately handled, and that a healthy outcome will be the consequence.

Identification of a Crisis. The recognition of crisis depends mainly upon observing signs of the relatively sudden onset of cognitive and emotional disequilibrium in a child whose previous pattern of functioning was known to be fairly stable. A classroom teacher is in an excellent position to identify crises in his students because of his hour-by-hour and day-by-day observation of their behavior. A child's functioning is not static. He shows minor variations of emotional response and cognitive effectiveness, and some children are more unstable in this respect than others. A teacher, however, learns the expectable and consistent styles of each child in his group and can identify marked deviations when they occur.

It is probable that crises achieve significance as turning points in personality development only when they (1) have a duration of at least several days, and (2) are extreme enough to lead to observable rise of tension, lowered effectiveness in learning, and signs of such negative feelings as anxiety, depression, anger, shame, or guilt, none of which is consonant with

the current reality situation. Children in such states of turmoil should not be thought of as emotionally disordered or ill, even though they are cognitively and emotionally disturbed. This disturbance is the sign that they are wrestling with a problem that they find insolvable for the time being. If a disturbance lasts longer than four to six weeks, however, it is probably not a crisis or reaction to a current problem, but a true emotional disorder, which represents a *stabilized outcome* of a crisis.

Temporary crisis upsets occur in both mentally healthy and mentally unhealthy children. Thus, in a neurotic child, it is sometimes difficult to differentiate a crisis from an endogenously provoked exacerbation of his chronic symptoms. Most psychological screening instruments will not differentiate children in crisis from those with stable emotional disorders. Therefore any systematic screening program, such as that developed in California,⁷ will screen out both the emotionally disordered and those children who happen to be in crisis at the time.

Identification of crisis is facilitated not only by observing the response of a child but also by knowing that he is currently confronted by the loss, or threat of loss, of a course of basic biopsychosocial supplies or by a challenge which burdens his readily available resources. Similar environmental situations will not evoke crisis in all children, since the subjective meaning of the situation varies from child to child because of differing cultural and personal backgrounds and because some children may have learned in the past to handle such a situation with relative ease. It is possible, however, to identify situations which are likely to provoke crisis in a significant proportion of children, and this en-

ables us more easily to diagnose that certain behavioral upsets are likely to be signs of crisis, and also to predict that when such situations occur a certain number of children will become upset. As previously indicated, these hazardous or challenging situations are of two main types—*regularly occurring biopsychosocial transitional points* and *accidental happenings*.

The first type includes expectable endogenous changes associated with biological and psychological growth and with development phases which are more or less linked with chronological age, such as the stages of personality development described by Freud, Piaget, and Erikson.⁸ It also includes the regular succession of events in a child's school career: the transition period on entering kindergarten, between kindergarten and first grade, on leaving the early grades—usually during fourth grade—between junior high and senior high, during the last high school year before college, and so on. A survey of a school population should show a number of regularly occurring peaks in the incidence of children in crisis related to the consonance of transitional periods in biopsychological and school career development phases.

Superimposed upon these will be the situations of the second type, the accidental happenings. These include (1) family problems associated with such events as illness or death of a family member, birth of a sibling, economic insecurity, change of father's job, mother going out to work, change of address to a new neighborhood; (2) illness of the child, which may be hazardous in itself and may generate added burdens if he misses critical learning op-

⁷ Bower, Eli M., "Primary Prevention in a School Setting," in Caplan (see footnote 6) pp. 353-377; also Bower, *Early Identification of Emotionally Handicapped Children in School* (Charles C. Thomas, 1960).

⁸ Freud, Sigmund, *Three Essays on Sexuality*, vol. 7, Standard Edition of Complete Works (Hogarth Press, 1953); Piaget, Jean, and Inhelder, Barbel, *The Growth of Logical Thinking* (Basic Books, 1958); Erikson, Erik H., *Childhood and Society* (Norton, 1950).

portunities which may not be repeated; and (3) problems in school, such as status or prestige change due to academic or athletic failure or success, loss of relationship with a significant teacher or a school friend because of illness or death or because of moving to another class.

The Role of the School Psychologist

The preventive activities of school psychologists in relation to crisis in children can be considered under three headings: direct action, indirect action, and research.

Direct Action

In taking direct action, the psychologist intervenes directly with individual children or groups of children while they are in crisis, which is called preventive intervention. He may also intervene before a crisis occurs, which is called anticipatory guidance or emotional inoculation.

Preventive Intervention

The essence of preventive intervention is that the psychologist knows enough about patterns of effective and ineffective coping to identify among children in crisis those who are using poor coping mechanisms. He then interacts with these children, in an effort to influence them to adopt more effective patterns.⁹ Klein and Lindemann have described some of the techniques involved, and I have discussed certain of the practical issues in my 1961 book, "An Approach to Community Mental Health."

Every situation of hazard or challenge appears to be associated with its own characteristic succession of psychological tasks, which the child must master in the appropriate order if he is to deal effectively with the total situation. Psychol-

ogists are building up a fund of knowledge derived from experience with various crisis situations and the range of reactions to them. On the basis of this knowledge they are identifying the unhealthy responses and working out the details of alternative mechanisms which their influence may bring the children to use. This influence is partly educational and partly psychotherapeutic; it is energized by an ego-supportive relationship between psychologist and child, and this leverage is used to direct the child to confront his crisis tasks in a reality-based way. We still do not know much about this process, and there is a need for further research and empirical trial.

In addition to the detailed responses which are specific to each crisis situation, we have reason to believe that there are certain global patterns of coping that appear applicable to most crises, and can be recognized to be adaptive or maladaptive. In general, for example, the psychologist should influence children to confront their crisis problems actively rather than evade or deny them. This implies maintaining the problem in consciousness and actively collecting information about the factors involved and how to deal with them—both by personal observation and thinking and by asking others who have been through the experience or who know of people who have. The psychologist should also influence the children to allow themselves to feel and express the negative feelings associated with the crisis, rather than suppress or deny them, and should counteract any marked tendency to release tension by "blaming" others or themselves for the difficulty.

He should assist the children to master their expressed feelings through their own efforts and through interaction with himself and with others who are significant in their environment. He should help them recognize their state of fatigue, so that they can manage their coping efforts accord-

⁹ For some of the techniques involved, see Klein, Donald C., and Lindemann, Erich, "Preventive Intervention in Individual and Family Crisis Situations," in Caplan (see footnote 6), pp. 283-306.

ingly—taking sufficient rest periods, but returning to deal with the problems as soon as they have recovered their strength. They should also be influenced to ask for appropriate help from their families, teachers, and friends, both in handling feelings and in dealing with the material aspects of their tasks; the psychologist should be especially active in encouraging the children and in influencing their families and friends whenever he sees reluctance to ask for help or to offer it. Wherever possible, he should intervene not only with the children but also with their families, to whom he should offer his support and active guidance.

Many of these suggestions for crisis intervention probably would be spontaneously thought of by most psychologists when they are offering a human helping hand to an upset child and his family. But we need more experience in this field, so that we can subject the process of preventive intervention to further detailed scrutiny and, hopefully, thereby refine our techniques. The measures I have suggested are derived from research conducted at the Harvard School of Public Health on families dealing with the crisis of the birth of a premature baby, from Lindemann's studies on the crisis of bereavement, from the research of Janis on the responses of adult patients to surgical operations, and from a study of the reactions of high school students coping with the anticipation of college carried out by Silber, Hamburg, and their colleagues at the National Institute of Mental Health.

It will be noted that I have not advocated trying to uncover the causes for poor coping, as one might do in analytic psychotherapy. The essence of preventive intervention is not the identification and influencing of the underlying causes of the coping mechanisms, but rather the amelioration of the final common path of the mechanisms by "here and now" influence, which it is hoped will alter the child's think-

ing and behavior. It is more important at this stage that the child should *behave adaptively* than that we or he should *understand why* he was previously behaving maladaptively. During the crisis his coping is the end result of a multitude of factors pushing and pulling him in various directions. Our minimal intervention enables us to bring this balance of forces down in a healthy direction in most cases because, despite all the counterbalancing forces in the child's past experience and personality, we are intervening at the crucial moment when the iron is hot—that is, when he is most susceptible to short-term influence. The same influence exerted when the child is not in crisis would have very little effect on his behavior or attitudes.

Anticipatory Guidance or Emotional Inoculation

Identification of regularly occurring hazardous situations in the life of school children allows us to focus our preventive attention on populations of children who in the near future will be exposed to the risk of crisis—for example, those who are about to enter kindergarten or high school, or who face the uncertainties of attempting to get into college. Not all in such populations will react with crisis, but on the basis of past studies a psychologist may be able to predict what proportion of them will. If the rate of crisis is likely to be significantly high, the psychologist may decide to intervene ahead of time in order to prepare the children to cope more adequately with the situation when it arises. Stress situations for individual children that may also be identified ahead of time include such matters as entering a hospital for elective surgery, or facing impending separation from a parent—a father, who may have to go out of the country on military service, or a mother who may have to enter a tuberculosis sanitarium—and so on.

In public health procedures, anticipatory guidance has long been used, especially in well-baby clinics, to prepare young mothers for predictable problems which they will probably have as their babies grow and develop, and in prenatal clinics, to prepare pregnant women for the stress of labor and delivery.¹⁰ Lindemann has shown that the psychological work of mourning, by means of which a bereaved person adjusts to the removal from his life of a loved one who has been a source of satisfaction of his basic psychological supplies, may sometimes be partially accomplished before the death occurs. He calls this "anticipatory mourning." There is some evidence that bereavement is a more difficult crisis to cope with if the death is unexpected so that anticipatory mourning has not taken place.

The study of the adjustment of patients to surgical operations by Janis finds that those with the most successful psychological outcome had accomplished a certain amount of active worrying before the operation; when the real crisis began they had already achieved some mastery of their feelings of fear and frustration. He suggests the term "emotional inoculation" for active intervention with patients before their operations in order to stimulate them to carry out some anticipatory "worry work."¹¹

Psychologists may base themselves upon these and similar studies and practices in working out procedures of focused intervention with individuals or groups of children before a crisis. The essential element in this method is to arouse ahead of time as vivid an anticipation as possible of the details of the predictable hazard or challenge and of the unpleasant emotions and fantasies that are likely to accompany it, while at the same time offering support and guidance in the rehearsal of ways in which these stresses and strains may be

handled. If these twin procedures are carried out successfully, the term "inoculation" is a most appropriate name for the process. What is involved is the introduction of an attenuated stress; this stimulates the development of a protective response that subsequently can be used to counteract the greater stress of the real-life crisis situation.

How to evoke ahead of time a vivid foretaste of the real experience is the main technical problem. The further away the crisis is, and the more alien from the child's past experience, the harder the problem is to solve. The use of emotionally toned words and detailed step-by-step descriptions is useful in individual and group discussions, and psychologists who are skilled in the technique may also utilize the dramatic impact of role-playing. At times a psychologist is concerned about overdoing this type of approach lest it frighten children unduly by underlining the gory details. This is rarely a serious danger, however, since a competent psychologist will be observing carefully the effect of his efforts and will be active in offering support in handling the children's reactions. Children who are excessive worriers may not be suitable for this procedure; in such cases it may be appropriate to reduce the anxieties ahead of time, to help the children achieve the necessary self-confidence to master the crisis problems.

In all cases it is important to help the children gain a realistic view of what is likely to happen, as one way of freeing them from the exaggerations produced by fantasy elaborations. It is also important during the crisis itself to underline the availability of help and support. A hopeful outlook should be stimulated through discussion of the limited nature of the difficulties, to counteract any tendency to stereotype a possible bad outcome as an inevitable catastrophe.

The best time for anticipatory guidance

¹⁰ Lindemann, *op. cit.*

¹¹ Janis, *op. cit.*

is when some event is currently evoking feelings similar to what can be predicted for the main crisis. In other words, the feelings are being stimulated by real experience rather than artificially by discussion. A recent program of anticipatory guidance for Peace Corps volunteers is a case in point. The feelings of deprivation aroused in the volunteers by parting from families and hometown friends when leaving to come to their training center provided a realistic foretaste of the more intense feelings of isolation and loneliness they would probably feel when finally going overseas on their assignment. A discussion of the future situation therefore used their current feelings as a meaningful taking-off point.

Another strategic time for anticipatory guidance is during the earliest stages of the crisis, or immediately prior to its onset. At either time the stress impact is beginning but is not yet overpowering. This is a transitional stage between anticipatory guidance and preventive intervention. In a sense, all preventive intervention can well be considered to be anticipatory guidance for future crisis, since the current intervention is not only to help someone cope with his present difficulty, but also, and perhaps most importantly—to help him develop healthy coping skills that may enable him to withstand possible greater stress in his future life.

Indirect Action

The psychologist may attempt to use indirect means to provide emotional support and guidance for children in crisis, by not interacting directly with them himself, but by stimulating and guiding the other school workers to do so—mainly the educators, but also the school nurses, doctors, and guidance personnel. He may accomplish this in three main ways: teacher training, training of educational supervi-

sors, and consultation and collaboration. In this section we will focus only upon interaction with educators, since similar principles apply to interaction with the other workers.

Teacher Training

Psychologists should, wherever possible, communicate appropriate knowledge about children's crisis-coping patterns and about methods of preventive intervention and anticipatory guidance to the teachers. This can be done through participation in pre-professional training and also through on-the-job training of school staff. A basic tenet of the community approach is that, wherever possible, preventive work should be carried out by the large number of nonspecialized line workers rather than be restricted to the highly trained specialists, who are always too few in number to cover the field.

Since the classroom teachers are the most appropriately placed workers in the schools to identify the early stages of crisis in children, they can often intervene effectively by offering adult support and guidance at the most strategic time. Many teachers do this every day, without any special realization of the mental health implications of their help. Psychologists can introduce more professional self-awareness into this process by sharing with teachers the increasing fund of specific knowledge in this field, and by so doing enhance what the teachers are currently doing.

In this endeavor on the part of the psychologists there is the possibility of a significant danger, and this must be consciously avoided. It is important that the psychologists take care not to influence teachers to use techniques not in keeping with the traditional teaching role, for it would be most unfortunate if teachers felt impelled to become psychotherapists, or to act as proxy psychologists. There is a safeguard against this if the psychologists

will provide teachers with information about the relation between crisis-coping and mental health and about adjustive and maladjustive coping patterns, then leave the working out of techniques of preventive intervention and anticipatory guidance to the teachers themselves. This approach may be usefully augmented by learning first how certain gifted teachers handle these problems either in the classroom or with individual children, and then communicating the information to other teachers as an example of effective preventive work which they may try.

Training of Educational Supervisors

The approach here is similar to that for teachers. It is singled out for special mention only to emphasize that the psychologist should, to maximize the effect of his efforts, always try to operate, as it were, "upstream." The supervisory group in the school system must be convinced of the importance of primary prevention, if they are to sanction and encourage the teachers to engage in such activity. The psychologist should focus as much effort as possible on adding to the supervisors' knowledge so that they in turn can disseminate the information to their teachers.

Consultation and Collaboration

Adding to the knowledge of teachers and supervisors will lead to best results in practice if the psychologist freely offers his services to support, guide, and if necessary, collaborate with them in implementing their insights and skills in relation to specific children. In their early efforts in preventive activity teachers may wish the psychologist to share responsibility for the case in point. A child or a group of children may be dealt with separately or jointly by teacher and psychologist. If the work is done separately, the psychologist should spend a significant

part of his time telling the teacher what he is doing, and invoking the teacher's supplementary assistance. With increasing experience the teacher may take over more and more responsibility for future cases, and may work out techniques of his own. Eventually, the teacher may come to ask for consultation help only when he encounters an especially complicated case; nevertheless, the psychologist should be ready always to backstop the teacher by sharing responsibility or accepting all the responsibility for any difficult problem.

Because I have discussed the technique of consultation fully elsewhere,¹² and in this present paper make only a mention of it, I believe, however, that this technique should be a major focus of effort among school psychologists.

Research

In reference to the research role of school psychologists in the field of primary prevention, I hope that some school systems will find it possible to provide the necessary personnel and funds to carry out formal projects with adequate research design. I realize that the nature of the psychologist's job demands that he operate mainly as a practitioner, and hence will have little time or energy for formal research. I do believe, however, that alert, interested, and sophisticated practitioners can make major contributions to knowledge by informal studies—that is, studies that are not rigorously designed. There is at present a tremendous need for exploratory investigation in this field, and no group is more strategically placed than school psychologists to undertake this task. This is shown, for example, in California, where the work of Eli M. Bower, Nadine M. Lambert, and their colleagues has blazed an important trail.

¹² Caplan, Gerald, *Concepts of Mental Health and Consultation* (U.S. Children's Bureau Publication No. 379, 1959).

The following topics for research seem especially appropriate to explore at the present time:

1. A survey of the types of situation which recur in the school setting as precipitators of crisis, and the characteristics of the children in whom these situations most commonly provoke crisis, in regard to such variables as age, sex, socio-economic class, and ethnic background.
2. Followup studies of coping patterns of children in successive crises of different types, to see whether there
- are consistent types of coping, and whether—and under what circumstances—changes in style occur.
3. Development of improved methods of preventive intervention and anticipatory guidance by psychologists and teachers, and definition and description of the techniques.
4. A preliminary approach to evaluating the results of intervention techniques in relation to changes in patterns of coping with future crisis, and in relation to changes in general behavior in the school setting.

III. Ego Process in Learning

Nevitt Sanford, *Director, Institute for the Study of Human Problems, Stanford University*

The preceding paper has dealt with crisis-induced disorders that may prevent children from learning as they should in the classroom. I would like to consider the activities of the ordinary classroom as a means of promoting psychological health and development in children. Before we go into the importance of learning how to read, to write, and to do other things of this kind, however, we should clarify some of our terms.

Without a doubt, education, psychological health, and adequately paced development are salutary things by which to be characterized. They are usually construed as adding up to maturity. Nevertheless, I am afraid that our conceptions of these desirable conditions or states tend to be lumped together in our minds, particularly when we are out to combat evil and promote the good. This will not do. I submit that education, health, maturity, and high levels of development should be separated conceptually, for they are not necessarily positively correlated.

The Meaning of Education

To maintain the separateness of our concepts, the term education must be restricted to its traditional, and somewhat narrow, meaning: the inculcation in the individual of the cultural heritage. The process of education, when we use the term in this sense, is primarily a matter of transmitting symbols. And this, I take it, is what happens most characteristically in the classroom.

If we define education in this way, it is clear that a person can be highly educated but at the same time unhealthy—in the sense of being neurotic. He can carry on his neurotic activities in an educated way, perhaps using symbols of high culture. Similarly, a person could be prejudiced or anti-Semitic without being poorly educated; indeed, he might carry on his anti-Semitic activities with the help of much knowledge of history, statistics, or biology. But such a person could not be highly developed, as I shall use this term, because prejudice, if psychologically de-

terminated, bespeaks a low level of integration of the personality.

Health can be defined as the capacity for dealing in some more or less adaptive fashion with the problems and strains that life offers. We do not define it in terms of what is most common in the statistical sense, or in terms of freedom from symptoms or freedom from suffering, even though these things might actually favor the development of future capacity for coping. We can't define it strictly as stability because, as Dr. Gerald Caplan has shown, much of the instability to be observed in young people can be understood as the beginning of a new and possibly quite healthy adaptation. On the other hand, where there is adequate adaptive capacity, there is probably a fundamental stability, in that the individual can adapt or deal with present strains while somehow remaining fundamentally himself.

The term, "maturity", can, I think, be more or less dispensed with. There has been a tendency for us to use the term to stand for something which we would all like to have more of—an aggregate of virtues. Since this is rather misleading, I prefer to restrict the word to its biological and statistical meanings. Biologically, one is mature when he has reached a place where he is no longer developing. Psychologically, "maturity" may perhaps be used to stand for the aggregate of traits which appear more often in adults than in children or adolescents. Be it noted, however, that maturity in this sense is not an ethical norm; such desirable traits as spontaneity and honesty are probably to be found more often in children than in adults.

This leaves us, then, the concept of development, or optimum development, or high levels of development—all of which may be defined as how close we come to the maximum realization of our human potentials. Even here one could be rel-

atively neutral with respect to value. The view might be taken that human beings develop in the same way as all other living things—and even things that are not "living."

A building, for example, in the process of being put together develops through the addition of new parts or the enlargement of existing parts. In living systems, and in other systems that are to be functional, expansion is accompanied by differentiation, and then there is some degree of integration of parts or features which have previously been differentiated. All of this seems to happen regularly and naturally, and it is easy to speak of it as if it were independent of value. This is, however, not quite the case. In underdeveloped societies, highly developed individuals may be maladapted and therefore undesirable. If, for example, in a simple pre-literate society the family is the essential unit and the individual does not ordinarily differentiate himself from it, psychological differentiation would not be positively valued. Strictly speaking, then, even to say that we are in favor of people developing is to express a value.

But why *not* express a value? Actually, most of the virtues put forward in the great ethical systems of the western world can be understood as expressions of high levels of development in the individual. I would argue that the individual's freedom depends upon his development. He must develop if he is to be free from the limitations of ignorance and incompetence. He must develop if he is to be free of the pressures of the immediate social group or of authority or tradition—and he especially needs to develop if he is to be free of unrecognized tendencies within himself. All conceptions of developmental goals, however, should remain open-ended, because as yet we do not know the extent or the limits of human potentiality. Theoretically, every human being can develop a lit-

tle more, whatever his current stage or status.

According to this general scheme, it is possible to be healthy without being highly developed. A child, for example, because he is a child, cannot be highly developed in the absolute sense, yet he may cope with strains in a way that is entirely appropriate for his age. Further, high development does not guarantee good mental health, for development involves the generation of new needs and, hence, increased possibilities of frustration and conflict. Thus we encounter people who are broadly expanded, complex, interesting, and creative, but who seem not to be doing a good job of coping with the problems of life. One might say of such people that their expansion and differentiation have run too far ahead of integration. In the main, however, high development is favorable to mental health. The highly developed person is not free of strains, nor is he stable from moment to moment, yet in a truly critical situation he would probably be able to call forth the resources that were needed.

The Contribution of Education

My task then is to consider how education in the narrow sense, i.e., activities involving books, classrooms, blackboards, the use of teaching materials, visual aids, teaching machines, and television, *can* actually contribute to the development of personality. We have seen that it does not necessarily do so. In approaching this task, we must go, a little way at least, into the theory of personality and its development.

First to be emphasized is the idea that the personality functions as a whole. This is not just a slogan. We must not permit educators categorically to separate the intellectual or the cognitive from the rest of the personality. Conceptually, of course they may do this. Cognition, feeling, emotion, action, and motivation are easily sep-

arated by abstraction, but no one of these can function independently of the others. This point is of great importance to me because during the time I have been involved in the study of colleges and of students I have been told many times by teachers: "We'll take care of the intellect, and you psychologists can take care of personality development, if you're interested in that sort of thing."

It is not difficult to show that intellectual performances and intellectual development depend on events in the personality as a whole. All we need do is consider some of the familiar emotional barriers to learning in school. Since this is the stock in trade of the school psychologist, I need not dwell upon it. Instead, I would argue that the facts which the teacher who accents intellect is eager to have a student learn will *not* be learned unless these facts are in some way integrated with the fundamental purposes of the individual. Facts, if they are not to remain inert but are to be retained and put to use later on, must be related to the emotional and motivational processes of the person.

The Myth of Disembodied Intellect

I have wondered where educators got the idea of the disembodied intellect, and have had to conclude that it probably arrived via the psychologists. In their efforts to arrive at general laws, the psychologists have abstracted—and isolated experimentally—such processes as perceiving, learning, and emotion and have demonstrated relationships between variations in these processes and external stimuli.

It is widely believed that knowledge of this kind can somehow be applied in school. But it cannot in fact be directly applied, because in any schoolroom situation there are a great many variables operating. The vaunted general laws of psychology—laws of perceiving considered

without reference to the perceiver, or laws of learning that do not refer to the learner—are not really very general. If a new variable is introduced, the demonstrated relationship changes and, since in any life situation there are always more variables than could possibly be controlled in a laboratory situation, the generality of the laws is bound to be quite limited.

Lifting learning out of its living context in this way contributes heavily, I think, to the dullness of much of the educational psychology that is taught to unwary graduate students. It is not always made clear that cognitive changes in the person influence functioning in the rest of him so that cognitive development is all of a piece with emotional and characterological development. Yet undoubtedly development after the age of about two—after the acquisition of language—is very much a cognitive matter.

Theories of Development

There is a fundamental notion that development in general occurs in response to some kind of strain, that a challenge must be present if the individual is to generate a new kind of response or adaptive device. When such a device is generated, we say that development has occurred, for the personality is now expanded: something new has been added.

This view of the matter puts the emphasis upon intervention from outside the individual. Not much that is psychologically interesting can be said to happen as a result of a natural unfolding. After the child has developed a few mechanisms for dealing with his problems, further development is not likely to occur unless the challenges put to him are of such intensity, and of such quality, that his old adaptive mechanisms won't suffice. Yet if the challenge is too severe, there is the likelihood that he will fall back on primitive devices which, though they might serve for the moment, are in the long run maladaptive.

Denial and repression are such devices. They enable the individual to manage strains of the moment, but they are modes of adaptation that are at once unfavorable to later development and difficult to modify. The child or the older student can learn from a crisis, but not if it is so severe—and the people around so unhelpful—that he is forced to fall back upon primitive devices that have served in the past.

Children, by and large, inevitably have to deal with enough strains so that we need not spend much time thinking of ways to challenge them. But as the child grows and acquires a larger and larger repertory of adaptive devices, and thus finds support for his natural hope that he can deal with any new situation without having to change, we then must begin thinking of situations that will challenge this young person so that he will continue to develop. Yet we need to be careful about our efforts to manage crises. It is possible that the effort may so well prepare the individual for a crisis that the crisis never really occurs, and nothing happens to induce developmental changes.

Implicit in what I have been saying are some assumptions concerning goals of development. Development involves expansion and differentiation in all the major areas of the personality, integration within each of these areas, and integration among the areas. With respect to the impulse life of the individual, it seems that one developmental task is to find ways for obtaining emotional satisfaction that are in accord with the requirements of the real world and of society.

As soon as we speak about the requirements of society, we remind ourselves that individuals are social beings, and that they become further socialized in the course of their development. They all have some kind of conscience, primitive or otherwise. A further developmental task would be the enlightenment of this conscience—a state of affairs in which

the requirements of conscience are in accord with the individual's best thought and judgment, and not simply rigid rules adopted automatically in childhood. With higher development there is greater enlightenment and hence, greater individualization of conscience. It is this, most essentially, that makes the conscience dependable. "Best thought and judgment" of course refers to the major processes of control, those ego functions according to which the individual gains mastery of the environment and control over himself.

In all of these kinds of development, cognitive processes have an important and perhaps crucial role. And for this, psychotherapy is no substitute. Expanding the major areas of the person, making the individual capable of responding to more and more aspects of the world, and enabling him to do more and more kinds of things—these are not benefits to be gained directly from psychotherapy or even psychological counseling. These things have to be acquired through education.

Education as Intervention

We come, then, to education—an "outside intervention" that expands and frees the impulse life. Here the accent is on the cultivation of the life of the imagination. The individual must be able to deal with his problems in his imagination, if he is not to be restricted always to concrete action or to sensation.

Let us consider first the negative side of this. It has been suggested that alcoholics cannot really enjoy movies or television, not because they do not want to be away from the bottle that long, but because they are incapable of participating with satisfaction in collective fantasies. They are too addicted, one might say, to their own version of reality which is based on sensation. This is a severe handicap. One thinks of this handicap also in the case of delinquency.

The point came home to me when I first

read James T. Farrell's "Studs Lonigan," a vivid treatment of young people with no inner resources. Meeting on the street in the evening they could think of nothing to do that did not involve overt sexual or aggressive action. The motion picture "Marty" made the point again; young males met each day after work and asked each other, "Now what will we do tonight?"—and there was no answer. This is the kind of impoverishment we constantly find in people who do not know how to read or have not learned to enjoy reading or who cannot deal with problems in the realm of imagination. It is interesting to note the difference between Studs Lonigan and his friend, Danny O'Neill, who went on to become a scholar and writer. Danny was at home reading, or being read to, while most of the boys in his neighborhood were out in the streets doing what boys insist on doing. Danny, of course, could do in his imagination all kinds of things that Studs and his friends couldn't even dream of.

On the positive side, there is evidence of the vast importance for the individual of developing early imaginative experiences. In my own observations at Vassar College, for example, it was clear that "good" students—those who performed very well academically and showed signs of creativity—differed from other students in what they had to say about their play as children. The "good" students had more often played alone, made up games to play, had engaged in play-acting, and enjoyed imaginary companions, had read and been read to. In other words, for these more creative students, the life of the imagination was allowed to be, or by some accident became, important in childhood; they went on from there to scholarship and an interest in the things of the mind.

In this connection it may be noted that in assessment studies of graduate students in the natural sciences there has been a

strong indication that the outstanding students are distinguished by their broader interests and greater esthetic sensitivity.

According to theory—and a theory to which I subscribe and am advancing—the individual who has learned to use his imagination is not merely in touch with his impulse life; his impulse life has itself expanded. The way this happens, in my view, is that the symbols of our culture become available to the individual, enabling him to deal with his basic impulses through fantasy and through his imaginative participation in literature, plays, movies, TV, and various other art forms.

The enormous importance of this can be appraised by noting that knowledge has had two basic functions in human history: the practical function of enabling us to master our “real” environment and the imaginative function by which we may extend the real world and enrich it by getting beyond sensation and the immediate situation. The imaginative function may, of course, also favor withdrawal from reality, but this special—ultimately pathological—phenomenon need not detain us at this moment. The point to be accented is that a fantasy starting as a way of expressing a basic impulse becomes a plan, and a plan is necessary for any kind of intelligent action.

The Development of Imagination

Education in the nations of the West, and especially in the United States today, tends to put the accent overwhelmingly on the practical aspects of knowledge, to the neglect of the imaginative aspects. But our concern here is with development, and my main point is that in development the individual needs the kind of knowledge that expands and differentiates his impulse life. This is to be accomplished through making available to him the symbols of our culture. From this point of view, then, culture is the friend of impulse rather than its enemy.

The basic theory, of course, comes from Freud. It was his notion that in the infant a frustration of a need is followed immediately by an image of something that would be gratifying. This is the primary process. Fantasy, dreams, autism thus come naturally to the child, and this is the stuff of which poetry and art and other creative products are made. The generation of images is in itself gratifying to the child—despite admonitions from his elders against “idle fantasy.” The kind of reading that was really gratifying to us as children was usually something that our teachers and parents didn’t want us to read. That much gratification of our impulses was considered suspect. But it is to be hoped that this kind of gratification can be available to everyone in the present generation of children through reading what has been judged esthetically “good,” because culture, and particularly “high” culture, is the means, *par excellence*, for the gratification of the human being’s most primitive emotional needs, once the necessary symbols have been acquired.

This, then, is how the individual may expand, and release the impulse life. By making the cultural world available to him and teaching him symbols and how to use them, we enable him to perform symbolically all kinds of psychological functions that would be impossible if he were restricted to transactions with “real” things. One might say that this is the only way in which civilized adults can gratify the infantile needs which are still very much with them and which demand to be satisfied in some way.

In the highest forms of intellectual, artistic and scholarly endeavor, which are rewarding in various concrete and adult ways, there is always some expression of the most primitive emotional needs. The beauty of it is that by doing this kind of work a man can find gratification for some of his most infantile cravings. Not all of us can do something about our

Oedipus complex by writing a story about it. But we *can* try to deal with our problems imaginatively.

Of course one can go from this to the general issue of taste, and the question of what is "good" at various stages of the individual's development. From the present point of view, taste would be just the right balance between impulsive gratification on the one hand and the requirements of convention on the other. In really good literature there is always a strong element of passion and primitiveness. This is why good literature is so often banned; but at the same time, for a piece of writing to be classed as art, it must conform well enough—*just* well enough—with the demands of convention so that a sophisticated person can enjoy it.

The Importance of Reading

All of this has implications for practice. Above all, children must be taught to enjoy reading. It is sad to contemplate how many of them read without enjoyment—because they have been taught, not that reading is a glorious means of satisfying their impulses, but that it is primarily a duty. Teachers must somehow counteract this prevailing notion. I would say that the first developmental task, the first educational task, is to teach *every* child to enjoy reading, to enjoy making up stories, and to enjoy imaginative work. If this isn't done, there's hardly any use troubling with the many other educational tasks that come later. In personality development, first things must come first.

It is not difficult to teach children to enjoy imaginative work, even though the earlier spontaneous imaginative life that all children know has been dampened by the adults around them. I have had the experience of trying to get Thematic Apperception Test stories out of 10-year-old boys. At first, confronted with the task of making up a story about a picture, they denied that it could be done. But I found

that if I stayed with them, coaxed them to say *something*, and then used what they had said as a basis for more coaxing, they could finally produce what would pass as a story. The next production came a little easier—and so on. I would say that almost any child can be persuaded to forget earlier prohibitions against being imaginative.

When children are beginning to read, it probably does not matter too much what sort of thing they read. If comic books will induce them to read, let them read comic books. The "act" of reading at an early age can later become the "art" of reading. The collective fantasies expressed even in the most atrocious comic books are probably less anti-social than the individual fantasy that any child who has no means of socialization is capable of producing for himself. And a kind of socialization begins to work when the child participates in any kind of collective fantasy, however primitive. Sylvia Townsend Warner in her book, "The Spinster," describes how she taught Maori children of New Zealand to read. At the start, they had no conception of what school was about. Day after day, month after month, they sat without learning to read—without, in fact, learning anything. But she found, when she came to know them well enough, that she could get at their fantasy life, and then connect a few words-to-be-taught with what she now knew to be their basic interests or fears. And thus a start was made. This kind of thing takes time, but is undoubtedly worth it.

The act of learning in school (or elsewhere) is essential to the development of the controlling processes—the ego processes which underlie the child's mastery of reality and of himself. This, I take it, is what classroom activity is mainly about. We teach facts about the real world so that the child can make predictions of what will happen, gain confidence in his ability to judge events, and learn to make decisions about

what he is going to do. He builds his sense of independence on the basis of his confidence that he can make judgments for himself, and that these will work out well in the end. For this kind of development of the ego to occur, the child must have the experience of mastering harder and harder tasks; these can be school tasks or any others. The essential thing is that there be precise attention to the *grade* of the task: it must be hard enough to push the child along, to require new adaptations, but not so difficult that it will lead to failure, humiliation, and regression.

The big problem—and I don't know the answer to this—is how we can keep the young child's imaginative life going after he gets into the second or third grade, where he must concentrate on learning about "reality." A great many children lead a wonderful life of the imagination until they reach school age. Once in school, they must meet the demands of a new and necessary discipline, which may lead them to suppress or dismiss altogether the earlier life of the imagination. The great task of the teacher is to develop the higher ego functions without doing so at the expense of the rich emotional life of the child.

Schools and Personality Development

In the realm of conscience-building and socialization, it is very important to recognize that external authority is necessary. During the primary school years, books and pragmatic instruction can be used to put before the child models of responsible social behavior. Here, again, cognitive functions would be used to develop personality in its more general aspects. But the more specific matter of judgment and enlightenment with respect to conscience seems to me to belong later in the school years. Possibly the last high school year is time enough for the individual to begin questioning the values according to which

he was brought up, for up until now he has needed to believe firmly in certain values in order to inhibit the direct expression of the impulses of adolescence. But once adolescence is over, the time for deeper probing of his values is at hand. College, probably, is the time for him to gain the relativity with respect to values that is necessary to the greater enlightenment and hence eventual stability of conscience.

I said earlier that at various times in the life of the individual there are some unconscious maladaptive processes which influence what happens consciously. At such times we may feel the necessity of going in and finding out why the child has a problem, but it is by no means always wise to do that. What we can do instead is stimulate those parts of the personality which are not being influenced by the unconscious maladaptive process, and thus are still open to wholesome development. It is quite possible for the teacher to accent what can be developed, while ignoring parts of the personality that are foci of problems; indeed, this happens all the time. Teachers cannot wait for the clinical psychologist to straighten out a particular problem of the child before proceeding by educational means to attack the great developmental tasks.

I would argue on theoretical grounds that if the teacher does aim at developing those parts of the personality which are still open to experience—which are not under the influence of unconscious complexes—and this is done well enough, the relationship between the conscious and the unconscious parts of the personality can be changed, and the unconscious complexes may actually recede into relative insignificance. They may even wither on the vine, becoming irrelevant as the other parts of the personality expand.

This, then, is my belief: that ordinary educational procedures, even the most academic ones, can be vitally important in

personality development. But if this transaction is to succeed, or succeed more often than it usually does, the educational work itself must be guided by psychological theory and psychological knowledge. So far, however, educational psychology of the kind I'm advocating here has not been highly developed. Much needs to be discovered about the conditions and processes by which personality changes are in-

duced through the use of school materials and classroom activity. My hope then is that school psychologists, while not neglecting any of the other matters they are called upon to handle, will take some responsibility for developing the kind of theory and producing the kinds of facts that will enable us better to utilize the regular processes of education in the interests of personality development.

IV. The Concept of "Strens" in Preventive Interventions and Ego-Strength Building in the Schools

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In the evolution of a profession there are moments of decision when it is important to assess how realistically the profession is meeting the human needs it purports to serve. The profession of school psychology presently faces such a time of decision and reassessment. The papers presented at this conference, including my own, are an attempt to outline a broader role for the school psychologist—a more creative use of his role of a behavioral scientist working in the school setting.

My intention here is to focus on ways in which the school psychologist may organize his already available knowledge and skills so that he can make greater contributions in the prevention of behavior disorders. Further, I want to suggest an approach to the task of building personality strength in the child—whereby the psychologist might become, more than he has heretofore been, a *creative partner* in education's basic task of building intellectually, emotionally, and socially actualized people.

A New Conceptual Tool

To launch on the above intentions, I propose first of all to introduce a new word into psychology. Into a scientific realm already drunk with too many words, I dare to suggest a new term. Let me explain why.

Some years ago I took part in a conference conducted by the always perceptive Margaret Mead. At one point she said to us:

"Our English language is deficient in some respects. We have the word 'trauma' to designate an unfortunate blow that injures the personality, but as yet we have no word that describes an experience that is fortunate, that strengthens the personality. The closest we come to this is to say 'it's a blessing,' but counting our blessings does not really meet our need for a word directly opposite in meaning to 'trauma.'"

Later that evening, inspired by Dr. Mead, I hatched a new term. I have incubated it ever since, nurtured it in discussions, and fed it with examples. Now it is ready to take wing and fly. The antonym for "trauma" that I have coined is simply the word "stren"—an abbreviated and anglicized portion of the Germanic root word *strancan*.

What is a "stren"? It is an experience in an individual's life that builds strength into his personality. Notice that the term is defined in the subjective sense—in terms of the impact of the experience on the individual.

Why do we need such a term? We need it as a conceptual tool, as a collective noun to help us focus more of our efforts on the challenge of building strength into children, rather than devoting the major part of our time to repairing the impact of traumas and maldevelopment. Certainly, the creative potential in the profession of school psychology will not be unlocked and fully utilized until we move away from our present concentration on the problems already present in children and begin to turn much more of our energy toward prevention and the building of cognitive emotional and social healthiness.

Skillful psychological rebuilding of twisted personalities will always be needed, but the time has come when more of our behavioral science resources must ally themselves more closely with *education's own basic task* of developing strength in people. Moving in this direction will not only win school psychology greater acceptance in the "House of Education" but also allow the psychologists to move beyond limited roles as testers and counselors and toward wider roles as contributors to education. To say it very simply—our future lies in using our behavioral science knowledge not only to eliminate the negative but also to accentuate the positive.

In part fulfillment of this broader goal for school psychology, we must begin to collect

and assess some of the conceptual tools we already have at hand to prevent problems in children and to build greater personality strengths. We need, then, to focus on compiling a list of the "strens" that we already know and can apply, a list of those strength-giving experiences that we can mobilize to build psychologically stronger school children.

The Theoretical Framework of Ego Psychology

The concept of "strens"—that there are definable interventions that can and do build strengths into the growing personality—is of course not new; only the coining of a collective term is new. Over the last 50 years, the theoretical psychological foundations of this concept have received considerable impetus and substance with the evolution of what is known as "ego psychology." Sigmund Freud, together with his daughter Anna Freud, in his later years became curious about ego functions, especially as defenses against the basic impulses. Not long after, Heinz Hartmann, Kris, Lowenstein, and a host of others began to delineate the ego functions and eventually brought us to the threshold of defining "the ego strengths." Now the challenge is before us to identify and classify the "strens," those experiences that contribute to the development of these ego strengths. In short, there is practical need for us to develop a taxonomy of "strens," a classification of the various preventive interventions and ego-strength-building experiences that contribute to personality development.

What should be our theoretical framework? A wise use of theory can lead us to many fruitful discoveries. Just as Columbus had a theory before he set sail, we too need a theory before launching into new psychic space. And just as Freud's theory set off a chain reaction of clinical discoveries, we need to ask what theories can guide our search in the task of build-

ing a taxonomy of preventive interventions and "strens."

I would suggest that a welding together of Robert Havighurst's "developmental tasks," Erik Erikson's "psychosocial phases, identities, and phase specific developmental tasks" with Heinz Hartmann's concepts of the autonomous ego development might provide us with a theoretical launching pad for this new work in school psychology. Ego psychology today bridges the gulf that once existed between the analytic contributions derived from the study of human conflict and the "normal-oriented" findings of the field of child growth and development. Since the test of a theory is its fruitfulness, we should explore how these united theories could provide us with a framework for the practical task of identifying the specific interventions that prevent and/or build personality.

Perhaps the most concretely helpful constructs of ego theory that we might use to help us in building ego strengths are included under the three processes of Assimilation, Differentiation, and Integration. These three processes could be the core for us to use in promoting and nurturing the psychological strength of the children we serve.

Let me call your attention to the remarkable parallel between the functional development of the body and this process called "ego development." For instance, how does a human arm grow? First, it structurally proliferates and grows as more and more new cells evolve and elaborate. In the beginning it is only capable of gross motor movements. Then the second growth process of *differentiation* begins, and slowly each individual muscle differentiates until it can function independently. Then the third process of *integration* begins and makes possible new movements and new combinations as the various differentiated functions become possible. Instead of independent single

muscle action, coordinated movements of all the fingers become possible, like those used in playing the violin or the piano.

Here then is the fundamental organismic sequence: there is first an elaboration, then differentiation, then integration. And it is clear that this same sequence is in operation in ego development. *Elaboration* takes place by maturation and assimilation of knowledge and experience in psychological terminology; this is followed by psychological *differentiation* and *integration*. Out of these three processes come the uniquely human potentials and capacities, the coping mechanisms we use to solve problems, the goals, the value concepts, and the creativity that are so uniquely human.

We now can erect a general framework for classifying the "strens" that you and I need to identify in order to promote the processes of *assimilation*, *differentiation*, and *integration* in the schools. We now can ask ourselves (1) What "strens" extend and elaborate ego functioning through the assimilation process? (2) What "strens" experiences support and further the process of psychological differentiation? (3) What "strens" nurture and promote the process of integration? Let us look briefly at each of these three "stren" identification tasks.

Obviously, the first task of identifying the experiences, the "strens" that catalyze the process of assimilation learning, has been going on for a long time. We have long recognized that the mediating, problem-solving, impulse-defending, and adaptive ego functions are in part actualized by the acquisition of both knowledge and experience. We have learned that capacity to assimilate and learn not only matures but also can be positively augmented by stimulation. We have some evidence that the primary ego functions of perception, memory, intelligence, and motility are not only latent potentials that unfold but also functions that can be extended by the

appropriate "strens." Havighurst's and Erikson's developmental tasks represent key learnings that become steps leading to successive growth and ego strength. The task of identifying the "strens" that stimulate the learning process has already been a major focus in psychological research, but, much remains to be done to extend our knowledge about the kinds of elaboration, assimilation, and learning that is possible and about the interventions that will further this kind of psychological growth. Obviously, such learning nurtures the psychological potential of a child.

Differentiation

Clinical experience has taught us some of the critical differentiations a person can make—discriminations that will free him to make new uses of his capacities. For example, fostering the growing discrimination between self and mother, self and others, and realness and fantasy during the years of childhood leads to important affective and relationship capacities. Later, the ability to discriminate feelings from thoughts, emotions from bodily feelings, and the subjective from the objective undergirds important affective and intellectual growth.

Sensitive interpersonal relating and self-understanding eventually call for the capacity to discriminate between past feeling memories and current reactions to reality, as well as among the ideal self, the social self, and the inner self. And intellectual growth eventually entails differentiations of ends from means and causes from effects, as well as discriminations between the concrete and the symbolic. Assisting this process in a personality is a way of unlocking the latent potential in a mind. Therefore, identifying those "strens" that provide differentiation will help us unlock the potential ego strengths of many children.

Dr. J. P. Guilford, with his proposed model of 120 different intellectual functions, challenges us to nurture the growth and differentiation of the intellectual capacities for cognitive, divergent, convergent, and evaluative thinking so that concrete, symbolic, semantic, and behavioral entities can eventually be conceived and be intellectually manipulated as units, classes, relations, systems, changes, and implications. Here, then, is a challenge to us to promote more complete psychological differentiation and to nurture each capacity, or "clusters of capacities," with appropriate "strens."

Other differentiation capabilities that need to be fostered can be listed, but the significance of this important task can be summarized in a realization that the differentiation processes of the ego *can be* nurtured and developed. Our task, then, as behavioral scientists, is to identify the "stren" experiences that help to foster differentiation and the "strens" that build these ego functions into strengths. In short, the most exciting days of curriculum development are still ahead of us. Each of us can anticipate the day when educators and behavioral scientists can sit down to the long and important task of creating curricula that focus on cultivating the psychological strengths. Instead of teaching, for instance, the "subject" of mathematics and the "subject" of Latin, and hoping that this exposure eventually will strengthen the mind, we can work directly on unlocking and nurturing the specific potentials in each child as we cover a wide range of content.

Integration

The field of identifying and learning to employ the "strens" that will promote the high-order ego process of integration is especially exciting and stimulating because it is relatively untapped. Once the nu-

merous ego capacities have been differentiated, it becomes possible for each individual to fit them together into new combinations and capacities. Just as the differentiation of finger muscle action and the independent movement of the thumbs eventually permitted man the new function of grasping an object, so psychological differentiation and development of the individual's perceptive, intellectual, and cognitive powers of the mind can permit the integration of new capacities and a higher order of human individualization.

We know that psychological integration makes possible the synthesis of such constructs as a body image, a sense of self, and appropriate linkages of thought and feeling. It also can make a man capable of thinking in time sequences—in successions, processes, and changes. By integration, he can create new coping mechanisms to solve his problems, for he can become creative, drawing upon both his rational and his irrational resources. Thus, individuals can achieve consistency in their relationships, develop goals and pursue them, and create images of values for which to live or die.

But we must not lose ourselves in rhetoric. The integration process does help each person to recombine his own individual ego capacities and strengths. However, the significance of this is the fact that the integration process can be nurtured and fostered by growth experience—in other words, by "strens."

Our task then, is to identify (1) the "stren" experiences that promote integration and (2) how can we put these to work in schools, not only to develop enriched personalities per se, but also to build personalities capable of resisting the deleterious inroads of psychosocial stresses that create emotional illness. In essence, "strens," by promoting assimilation, differentiation, and integration, both build personality and serve as agents of prevention.

By now, some sharp and critical mind surely has a querulous comment such as this: "All this imaginative playing with the idea of strens may be fine, but do you really think you are going to be able to identify a specific stren that builds a specific ego strength?" My answer is of course, "No," for I do not anticipate that we will find specific "strens" for each ego function. I believe that most "strens" will be general in their impact on the developing ego, that some will have high, and some will have low, probabilities of making beneficial impacts on a thousand different children.

On the other hand, we need not fall into the trap of demanding a specificity of intervention just because this would be scientifically clean and more researchable. It might be salutary to recall that the last poached egg on toast we ate benefited us in many ways without being specific; the carbohydrates, the fats, and the proteins in the egg on toast were eventually distributed to nourish many different body structures and to support many different body functions. When people ask me for specific measures to improve mental health or prevent a depression, I often remind them that, despite all our antitoxins and vaccines, the lowly bar of soap, a non-specific and general intervention, has probably prevented more illnesses than any other device man has created. By the same token, an undue demand for specificity should not be allowed to hobble our exploration for "strens" and delay the process of evaluating their multiple impacts.

An Expanded Pattern for the School Psychologist

The papers presented at this conference were intended to explore an expanded role for school psychologists as behavioral scientists at work in the schools. We are in the process of asking ourselves this ques-

tion: "What are the preventive interventions that have been used or that can be used to lessen the handicap of the emotional problems which affect the learning, the behavior, and the relationship capacities of so many school children?"

As we list our basic tools of prevention and strength-building, we see the need to have some taxonomic pattern to classify our ideas. I should like to suggest the following general classifications:

1. What preventive interventions will "knock out," eliminate, or modify the psychological stresses before they have a chance to affect the children? These may be termed the "preventive interventions that attack the causes."
2. Secondly, What preventive interventions will help us to remove a vulnerable child from the path of a stress we cannot eliminate? The process is very much like a public health attack on the vectors of a disease. These, of course, are the "interventions that prevent contact or exposure to stresses."
3. What preventive tools do we have to intercept at an early stage a problem that is already affecting a child, so that we can prevent further disorganization and harm to the child? This is "secondary" intervention to prevent the progression of a problem.
4. What are those preventive interventions that will protect the impact of psychological stresses by building up the resistance and the personality strengths of the child so that he can withstand the stresses? This is the question to which I have given major attention by suggesting that these interventions might be classified in terms of the ego processes they buttress or enrich. I have also suggested that we could classify these "strens"—the strength-building in-

terventions—into (1) those that strengthen through assimilative learning, (2) those that foster psychological differentiation, (3) and those that promote the psychological integration process. In brief, the hypothesis is that by fostering ego strength through assimilative learning, differentiation, and integration we can build personalities that are more capable of resisting stresses and more capable of developing the coping mechanisms—the goal-directed and adaptive behaviors that will serve to protect the personalities.

In sum, I believe that a combination of public health concepts with the theories derived from the field of ego psychology will provide us with a conceptual framework for developing a taxonomy of the "preventive interventions and ego strengths building strens" which can be put to work in the schools. I am firmly convinced that each of us can use much of our present psychological knowledge to attack and modify stresses, to prevent exposure to stresses, and to prevent progression of an illness. We can also go to work to identify the "strens" we have available to build more resilient, enriched, and strong personalities that will be capable of living in this modern world of greater tension and stress.

Attention to this positive horizon of school psychology in the realms of mental health prevention and personality development will not only unlock a greater service potential for this profession but also creatively relate the growing research edge of the behavioral sciences to "education's" basic mission. If we can make this greater effort in prevention and personality strength-building, both education and mental health efforts may be better able to fulfill their common goal of developing each and every child to his full potential.

V. Applications of the Taxonomy of "Strens" in Specific School Situations

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It has been said that school psychologists spend 90 percent of their time diagnosing problems and 10 percent of their time doing something about them. Whether or not this accurately describes the activity of any given school psychologist, there is no gainsaying that the language of the typical psychological report made after studying a child usually contains dynamic, descriptive, and diagnostic information—but very few suggestions for specific followup ideas directed to the teacher who must continue to carry on with the education of the child under study. And summary recommendations contained in the report are often in the "further information" or "further diagnosis" category.

School psychologists, as the school's behavioral scientists, have traditionally been called on to *explain* behavior and to describe it. But teachers continue to suggest that what they most need are specifics about how to manage, in the here and now, the behavior problems of children. The teachers' plea seems amply justified when we consider a random sample of recommendations made by school psychologists in their reports about what should be done to assist a child referred to them:

1. Explore possibilities of neurological impairment.
2. Further evaluate personality factors related to educational problem.
3. Get a social casework report.
4. Consider validity of present educational placement.
5. Determine whether anxiety is the source of inattention and confusion.
6. Let the child express his hostility through working with clay and paints.

7. Stretch the child's horizons.
8. Provide remedial help.
9. Help parents to develop a less critical attitude.
10. Provide varied curriculum.
11. Provide short-term goals.
12. Find ways to build the child's prestige with peers.
13. Encourage mother to give her child more freedom.
14. Give other types of ability tests.
15. Orient teacher to child's problems.
16. See if probation officer can conduct a non-court investigation.
17. Refer the parents to an agency for psychotherapy for themselves and the child.
18. Have a home-school conference with psychologist-teacher-parent.
19. Provide a home-teacher for a while.
20. Determine what the stressful situations are.
21. Ask parents to get a complete physical examination for the child.
22. Have the school nurse make a home call and offer help to assist with planning a more adequate diet.

These are perfectly good, sound recommendations for followup procedures. The trouble is that they often resemble the very reasons the teacher used to justify making the referral. The teacher has already been aware, for instance, that a child has poor relationships with his peers, or that his home situation is disadvantageous, or he is under a great deal of stress in the classroom. In short, the psychologist frequently finds himself reinforcing the observations and judgments of the teacher rather than providing any really new information.

Questions To Be Answered

Are there any means by which the descriptive, diagnostic data collected by the school psychologist for the troubled or troublesome child referred to him can be broken down into components which suggest specific teacher interventions? How can the psychologist attempt more direct interventions in those cases of chronic maladaptive behavior in a program of secondary prevention? How can he take the more active role, which has been advocated at this conference, in working with teachers who have pupils in transitional crisis states and thus fulfill a most important role in the primary prevention of learning and behavior problems?

To answer these questions, it is first of all necessary to examine the model that school psychologists have used for their work in the schools. In general, it has been the medical model of diagnosis—referral for further information and recommendations for basic therapeutic procedures. But something more than this is needed if a psychologist is to operate professionally in the advocated creative role. To work with more children—and to work optimally with those who are in crisis states where the problem is not one of long-term duration—he may often be obliged to function without complete diagnostic information. He will usually need to rely on teacher-supplied data and the cumulative folder as his primary sources of material for action.

Not much is known at present about the models needed to fulfill behavioral roles. Caplan and Hollister have suggested models for the school psychologist that would require his intuitive exploration of some of the possible sources of ego breakdown of the child. The suggestions include a positive intervention potential as to the kind of problem that may be in operation and the practical activities the teacher may engage in to intervene appropriately and continue the child on to

new or higher developmental levels. Underlying this intuitive approach of the psychologist, as he discusses a child's problem with the teacher, in his repertoire of experience in making behavior diagnoses, his knowledge of personality development, and the relationship between these two factors and problems in the educational setting.

Collaboration of Experts

The communication between the psychologist and teacher is a collaboration between two experts. The professional expertise of the psychologist has to do with knowledge of ego functioning and ego needs as inferred from data the teacher supplies. The teacher is aware of some of the limitations of the particular classroom setting and the realities of the child's home situation so that certain suggested solutions will be more applicable than others. To accomplish collaboration, the psychologist must identify the particular things to be done for the child in school that will reinforce and build the ego needs, and he must also suggest a number of possible means for reaching these goals. Consciously or unconsciously the teacher will then select the means that he or she feels can be successfully employed and will reject other techniques as not fitting the teacher's professional role or the classroom dynamics of the particular situation. It is very important that a number of suggestions be made, since this makes it possible for the teacher to select those which are considered to be workable. A basic assumption to be noted here is that other teachers may select other modes of intervention which have a comparable helping potential for the same problem.

For this new professional role, certain prerequisites are indicated. First of all, bridges need to be built between diagnostic information and the areas of strengths and weaknesses in the ego-functioning of the child, whether he is being referred to

the psychologist for study or is the subject of psychologist and teacher collaboration. Secondly, the bridges should make possible suggestions for interventions which fall into the categories, that, according to Hollister, have value for (1) attacking the causes of the problems, (2) preventing contact or exposure to stress situations, and (3) attempting to protect the child against the impact of psychosocial stresses by building up his resistance and his personality strengths.

Let us see how we may apply Hollister's skeleton of a theoretical model to this professional problem. What are the possible types of interventions within the categories which Hollister has suggested? The listing below is a fairly complete breakdown of two classifications of interventions—those that are preventive, and those that are preventive but at the same time can build personality strengths.

Interventions that prevent by:

1. Modifying or eliminating stresses.
2. Isolating vulnerable children from excessive stress.
3. Intercepting problems at an early stage to prevent further disorganization.

Interventions that both prevent and build by:

1. Increasing psychological safety.
2. Reinforcing personality strengths.
3. Building relationships (interpersonal and group).
4. Developing motivation.
5. Educating for expected behaviors (anticipatory guidance, corrective learning experience).
6. Bringing about group interaction.

Using this grouping of interventions as a model for a bridge between giving psychological information and building needed ego-strengths, it is possible for school psychologists to develop specific recommendations that directly relate a

child's needs to the activities or situations a teacher can help to provide in the classroom. The list of recommendations below—part of them made to teachers and part self-made—resulted from an intensive group interaction situation among more than 500 school psychologists who applied Hollister's model to descriptions of typical school problems of children.

Specific activities for children who are subject to or threatened by stress that can possibly be modified or eliminated:

1. Find a temporary teacher for a short time.
2. Modify the pupil's daily schedule. Shorten the school day to a period of time in which he can function fairly well.
3. Experiment with finding a grade level where the child can expect to succeed, with both teacher and child understanding that successful learning for him would be to meet that level even though it may be far below grade. Carefully evaluate his needs with parents.
4. Place him in a smaller classroom group either within the class or in another class.
5. Have a home-school conference to help the parents understand the effects of excess pressures on the child.
6. See if welfare assistance is available to the family to cut down on economic stresses.
7. Lower, modify, or change curriculum demands.
8. Cut down the pressure on the family by reducing the number of caretaking workers who contact them. Decide on one person to be the coordinator of all counseling assistance.
9. If there is too much service to the child from too many sources, find a way to optimize and reduce contact.

10. Plan for reorganization of the classes into ungraded groups, with consultant help to teacher and administrative support.
11. Use brand-new teaching techniques for an area where a child has previously failed—for example, kinesthetic techniques in reading and spelling, programed learning materials in some subject area, and counters in building arithmetic concepts.
12. Eliminate tests in classes containing children with serious emotional problems. The teacher should carefully supervise the learning program so that corrections of learning can be made as the child moves along.
13. Have a morning nutrition period to forestall hunger pangs that interfere with concentration on school work; during the period emphasize relaxation and teacher-pupil small talk.

Specific activities for children who need to be isolated from stress which cannot be modified:

1. Assign the child to a special class—based on specific learning needs—where he and other children in the class may have success.
2. Follow up on medical report to see if medication is needed; if so, check repeatedly to see if medication program is followed.
3. Use cubicles or “offices” in the classroom for a child who needs to have stimulation reduced; movable partitions make this possible.
4. Send a child to rest in the nurse’s office when stress is excessive.
5. Provide a resource room in the school building where children can go to assist in activities that are not academic and not stress-producing.
6. Arrange for the child to attend school during periods where the stress is minimal; have him legally excluded from activities which are too stress-producing.

7. Ascertain whether foster-home placement is needed for a child in an especially disturbed family.
8. Find another class which would be less stressful and make a transfer.
9. Change the focus in curriculum planning. If, for example, arithmetic is the source of most stress, eliminate this from the pupil’s requirements for a time.
10. Eliminate grading for the time being, substituting individual charts of the child’s progress.

Interventions applicable for children who have already been hit by stress; the goal here is to intercept problems early, in an attempt to prevent further disorganization:

1. Routinely search out the children whose mothers will soon provide them with siblings; find ways to assist their weathering the anticipated emotional situation.
2. Check pupil data regularly for children who may fail or have difficulty. Do not wait for referral; make regular contacts with schools and classrooms where such children are.
3. Check grade sheets at end of semester or school year and routinely evaluate all children who get failing marks.
4. Use remedial education wherever needed and as soon as the help is indicated.
5. Use medical and psychiatric referral to obtain additional information about a child’s needs and to assist in outside intervention by other professional workers when it is indicated.
6. Have orientation programs for parents and children when the children are beginning in a new school or a new grade sequence.
7. Provide screening programs for locating children with potential physical, emotional, and social difficulties; follow up with adequate diagnosis

and recommendations for specific interventions.

Interventions that build personality strengths by increasing psychological safety:

1. Make behavior prescriptions for a particular child. Ask him, for example, to be a "listener" for certain information in the class; ask him to act for one day as if "you are like Joe"; see if he can assist another child in some particular way; give him jobs which require self-control and assist him in understanding the responsibility involved.
2. If a child constantly wants to talk so that his hand is waving for teacher attention all the time, his chair can be placed directly in front of the teacher where she can see him at all times, but where she can see the rest of the class also.
3. Involve parents in what is expected of a child and keep them informed of his progress.
4. Where parents are hostile and blame the school, make contacts only when something positive can be said about the child.
5. Focus on curriculum content that is depersonalized such as science, nature studies, mathematics, and so on.

Interventions that assist in reinforcing personality strengths:

1. Find a new activity for a child, challenging enough that his success in it will help him feel his own ego strengths.
2. Find ways to let an insecure child know that he can trust you.
3. Help children through minor traumas by role playing.
4. Plan failure and success in ego-supportive situations.
5. Get children together in some type of nonacademic activity such as crafts,

woodworking, music, arts, field trips, etc., to emphasize mutual interests and the development of special talents and skills.

6. Assign adolescents to a group counseling setting where they can see others as human beings with problems similar to their own.
7. Find some way for the youngster who is poor at games to succeed in the eyes of his peers.

Interpersonal and group interventions that assist in relationship-building:

1. Establish a "mother" or "father" bank—adults in the school who can relate to a child who needs the extra support of either of these adult figures.
2. Find models for children—adequate masculine and feminine models and models of various types of acceptable behavior; especially aim at getting a child to try out options that may free inflexible, rigid behavior. Provide the behavior model that needs to be reinforced.
3. Build a relationship with a particular child by entering into the child's world for a time; find out what he thinks about and show him that you can accept him and his special ways of thinking.
4. Have birthday celebrations in which everyone in the class participates in in some way (applicable to small classes, but difficult for large ones).
5. Use the physical education period as a way of observing peer relationships; provide a varied program, which will give children ample opportunities to find an activity in which they can succeed. Where there are poor peer relationships between members of the class, start with small game groups like 4-square and then move gradually on to larger team units.
6. Use a teacher other than the class-

room teacher for an activity program that has less-defined rules than a classroom program. This lets the children see teachers in different roles and helps them recognize that behavior which is not acceptable in one situation may be acceptable in another.

7. Find some other adult besides the regular classroom teacher to whom the child can relate, e.g., an athletic coach, custodian, cook, bus driver, or another teacher.
8. Find reading materials which describe families differing in various ways from the troubled child's family; this may provide him with a new focus to better evaluate his own situation.

Interventions that have potential for motivation development:

1. Use confrontation routinely to let a child know that the role he is playing is perceived. At a grading period, for example, write 25 to 50 words for each child in the class, pointing up good and poorer qualities as a teacher sees them. This notation becomes the child's property and need not be shown to anyone—classmates or parents.
2. A cookbook might be used to teach the use of fractions; baseball cards for reading activities. Find what areas interest a child and teach him through that means until he can reach out to other areas; use the motor vehicle code, for example, to help adolescents learn to read to pass the examination for a driver's license.
3. Provide regular weekly tests to help a child keep track of his progress, and to help the teacher keep track of learning needs.
4. Remove demands for immediate achievement, then start with a single learning area and focus attention on developing skills that will provide as

much opportunity for success as possible.

Interventions that anticipate certain behaviors through guidance and corrective learning experiences:

1. Carefully define the classroom's place in the child's life and the teacher's expectancy for a particular child; after this definition the teacher should be consistent.
2. Introduce more competition as a child who has been in a special class gets ready to go back to a regular higher-level class. Too much reward at this point will keep children attending special programs too long.
3. Help pupils learn social skills by allowing them to plan a luncheon for parents, where they will perform in activities which they can do well, individually or in groups, or contribute to the success of the venture in various other ways.
4. Give every child a chance in turn to be captain of a team and help him understand what behavior is needed to do this job well.
5. Encourage a child to inhibit expression of hostility. Ask that he not tell you his dreams, or how he feels about other children.
6. Organize a child's day for him, working out with him his personal schedule so he will know what he will be doing at any particular time.

Interventions that assist in the management of group interaction:

1. A teacher who needs to spend time individually with certain children, and finds that other pupils resent this, should introduce some type of group activity and emphasize game rules and cooperation.
2. Vary the seating arrangements of the class where necessary to promote optimum contact with peers. On the other hand, in some instances "rigid"

classroom seating may promote more consistent behavior of pupils until they are able to manage a more flexible room arrangement.

3. Minimize group contamination by careful seating arrangements. For instance, place a child who is poor at working alone amidst pupils who work well together; having no one with whom to engage in inappropriate activities, he may acquire the model of the workers.
4. Find "face-saving" devices for a child who is in trouble.
5. Never let a child's behavior cause him to be disgraced in front of his group; intervene long before the situation reaches this point.
6. Recognize individual differences in gregariousness; encourage social relationships to keep behavior options open, but remember that there is no perfect model of behavior for children of a given age.

These suggestions are full of food for thought and indicate especially the many ways in which Hollister's model can be developed—as well as how much more is needed if we are to develop it fully. First, specific behavior dynamics determined as a result of diagnostic evaluations need to be related to suggested interventions. Second, the model can be further defined by looking at a total educational program for

places where interventions are needed for a specific child. For example, stress may exist for the child in the academic setting, in extracurricular activities, or in his personal relations as a result of fear of new situations from an experience of low or negative reward for previous adaptive behavior. The interventions should be specific or general, according to the needs of a particular child. The job for the school psychologist is to understand Hollister's model for bridges, then modify it to fit the diversity of individual differences developed from a variety of behavior dynamics and the many possible educational approaches.

From the above list, it is quite clear that we have a very large number of options available to us in assisting children. We also have a rationale which describes how the primary institution of education can play a part in those general primary and secondary preventive activities that encourage optimum development of children's learning and behavior. Thus, this conference has so far presented us with a frame of reference, a rationale, and a model for the beginnings of new growth in the ongoing differentiation of the contributions of school psychologists to the educational processes. We must now begin to find ways to broaden the applicability of the discipline of school psychology in assisting more children earlier and more effectively.

VI. An Example of Primary Prevention Activities in the Schools: Working with Parents of Preschool and Early School Years Children

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Today's parents of school-age children seem increasingly to look to the schools for help with child-rearing issues not di-

rectly related to formal education. There is no denying the need for professional supports to parents in this age of rapid mobil-

ity, when one American family in five changes residence annually. Mobility is predominantly found in ethnic groups of unskilled and semiskilled laborers and in middle-class managerial and professional families. For these people, community roots, neighborhood ties, and extended-family supports are not readily available, and each such family must face the added challenge of giving up old ties and finding satisfactory relationships in the new setting.

The schools are, for the most part, acutely aware that educational progress depends on the adequacy of school-home collaboration. The evidence is abundant that many learning failures originate in disturbed parent-child relationships. Thus the schools are more and more recognizing the importance of helping parents to promote their children's successful emotional growth through adequate identifications, development of healthy self-esteem, and encouragement of free use of energies for learning and other work.

Schools throughout the country have been struggling to develop effective means of working with parents. Because such work seems only partly educational and also to depend upon psychological and sometimes even psychotherapeutic premises, many schools have looked to the school psychologist or his equivalent for guidance in developing "parent-education" programs.

This is not my purpose here to discuss techniques of parent counseling, individually or in groups. Such work does go on in many school systems and has much value as an adjunct to child therapy for troubled children and as a means of straightening out minor difficulties. But the basic principles and practices of such therapeutic work with parents differs little from the principles and practices that underlie similar efforts in psychiatric clinics. Through working with parents of young children, public schools can contrib-

ute to a community program of primary prevention in mental health.

My present thesis revolves around the following points:

1. *Public school personnel represent an important group of emotional caretakers, who can help the parents of their pupils with a wide variety of parent-child issues.*
2. *Certain barriers to effective parent-school collaboration must be assessed and lowered by the professionals involved if the caretaking potential of the schools is to be realized.*
3. *School psychologists are in a strategic position to help teachers, administrators, and other school personnel deal with parental anxieties, hostilities, and guilt, and thus to play the kind of supportive role parents are seeking from the schools.*

Barriers to School-Home Collaboration

Emotional Barriers

Certain parental concerns may cause difficulties for schools that seek effective school-family collaboration. From data gathered in group interviews with parents of children at the time of their children's entry into kindergarten, it was apparent that school entry has a significant impact upon child and family, is accompanied by increased tension in the family, and requires some shifts in intrafamilial role patterns.

In the weeks before school begins there is fairly intense anticipatory anxiety, associated with the parents' sense of incompetence and their fear that the school experts will spot parental inadequacies in the deficiencies of the child. After the children enter school parental relief is counterbalanced by a sense of loss and, usually, a brief period of mild depression. Next comes a stage of gradually increasing hostility toward the teacher, the school, and the child for developing a relationship in

which the parents, initially, have little or no part; often there is avoidance of the classroom by parents at this time. Only when the transition period is drawing to a close are parents emotionally ready to seek out teacher or principal. Their modes of approach naturally vary, according to their usual coping patterns. Whatever the approach—a submissive attitude toward the teacher, an attack on the schools, an attempt to form an alliance against the child—it provides the school with an opportunity to develop a basis for helpful parental encounters in the years to come.

For many families the beginning of school brings to a focus certain uncomfortable value issues that are part of our culture and are, therefore, reflected in intrapsychic and interpersonal value conflicts in parents. Such issues include, for example, the need to control hostility vs. the need to stand up for one's rights, be tough, etc.; the denial of sexuality in children vs. the desire to prepare children for later heterosexual success; the importance of individuality vs. the need not to be too different and the desirability of conforming to group norms. One may surmise that the focus on such key value issues, when coupled with a family's tendency to see school as a potential rival force for the loyalties of the child, may lead at the community level to widespread attacks upon the real or fancied inadequacies of education. Thus, the school may be seen as an "incompetent group of educationists" who "exceed their authority" and are probably a "subversive influence" upon the children's national loyalties and personal characters.

Role and System Barriers

Ten years of mental health consultation between teachers at various grade levels and the Human Relations Service of Wellesley have suggested additional factors on the school's side of the relationship that may contribute to difficulties. The most

widely recognized factor is the educator's dependence on the child for a certain level of his personal and professional gratification, and, therefore, upon the child's family.

If children resist the teacher's authority, either through direct aggression or through passive resistance to his attempts to influence and teach, what does the teacher do with his hostility—in relationships with the child? with the parents?

A second barrier factor is the widespread ambivalence among educators about the judgmental or evaluative function, which, while necessary as a guide to pupil progress, is also seen as potentially hurtful to certain children. Anxiety about dealing unfairly with children, associated with uneasiness about one's own professional competence as an objective observer, is reflected in such things as overdependence upon paper and pencil tests, unwillingness to commit certain impressions to permanent cumulative records, and the use of euphemisms on report cards.

The above factors are not unlike countertransference phenomena in the psychotherapeutic relationship. However, the role of the teacher seems more complex than that of the psychotherapist. The teacher seeks to be a helping person for parents who may, at the same time, be identified with children who are frustrating to the teacher's attainment of his professional goals. Some parents thus may be likely recipients of teacher's hostility, or be linked with the judgments the teacher must make of the child's progress and classroom adjustment.

The situation is complicated further by the apparent dependence of the educator upon parental support of the school's expectations for the children. A teacher may also tend to assume that parents will maintain at least a minimum level of emotional commitment to their children's continued development. Thus he may sometimes be demoralized when a parent says, in ef-

fect: "I give up. All my efforts have failed. He's in your hands now, and I wish you luck!" For many educators the educational "contract" is with the parents as well as the children, and the professional-client relationship is one of interdependence. Yet such a contract is most apt to be broken by those parents who are in most need of emotional support.

Another and very potent complication stems from the unique manner in which the issue of societal control of the professional is resolved in our public schools. As the sociologists have long pointed out, American society has been willing to give a profession the responsibility of establishing and maintaining its own standards for admission into its ranks and for insuring the continuing competence and reliability of its members. At the same time, however, grassroots control over the individual professional practitioner is maintained by the potential client's freedom to choose his own helper. The professional, in turn, is equally free to accept or reject potential clients, except under certain circumstances when ethics demand that help be offered.

Consider the position of the educational profession. At the grassroots level, very little control is exerted by the individual educator or his client. It is most difficult for either one to refuse to accept the other. At another level entirely, however, controls have been incorporated into the institutional structure in which both are embedded. Control by the client is pooled and funneled up to a citizen's school board, from which it is delegated to a professional administrator, and so on along the line. To counter such an authoritarian structure, educators have usually been given the protection of a tenure system, which makes it difficult for the clients to select and reject (however arbitrarily as they ordinarily might do at the grassroots level).

Thus, parents and teachers often seek to establish mutually supportive relation-

ships in a context where the issue of control—basic to most human interaction—can never be directly resolved between them. The wonder is that more parents and teachers do not view one another with mistrust and feel that each possesses the capacity for arbitrary exercise of power against which there is little or no defense.

The Psychologist's Role in Work with Parents

If it is true that the caretaking potentials of our schools can be most fully realized when certain emotional and social psychological barriers are recognized and lowered, how can school psychologists be most helpful? Some of them may believe that they should take over responsibility for dealing with such a complex undertaking, and thus free the teachers for work with the children. In some school systems a division of labor has developed within a team consisting usually of the nurse, social workers, psychologists, principal, and teachers, so that the teachers properly expect one or more of the others to work with all parents or at least with parents of troubled children. In such a division of responsibilities, the psychologist is sometimes the one who assumes, in addition to his diagnostic functions and interpretation of results to parents, responsibility for one or another form of individual and group counseling with mothers and fathers.

A definition of the "caretaker" concept may help to clarify the potential contribution of the psychologist. A caretaking relationship is one in which a professional person is expected by society to be concerned with the well-being of large numbers of people among his regular clientele at times when they are facing common life predicaments. Thus, teachers and principals are expected to be concerned with a wide range of life concerns; they are in a position, personally or through the wise use of school resources, to help large numbers of people cope successfully with predica-

ments. In addition to whatever direct help the psychologist may offer parents as a caretaker in his own right, he is in a strategic position to guide the educator in performing the caretaking function. The psychologist has knowledge of child development and parent-child relationships which educators can use in their contacts with parents; he is also often equipped as a social scientist, and thus can help teachers to better understand and utilize their own roles in working with parents. Working with and through classroom teachers and administrators, the psychologist is able to exert widespread influence upon many parents in a school population. In this way his clinical and social science skills are put to work for prevention, as differentiated from remedially oriented intervention for the children in greatest need of specialized psychological help.

Based on the foregoing argument, the following working principle is proposed: *In developing any school program of working with parents for preventive purposes, it is most important for the psychologist to seek to strengthen direct collaboration between parents and their children's teachers and to support the teachers as they perform their caretaking functions. A corollary is that the psychologist should avoid the unwitting assumption of caretaking functions which educators typically perform in their everyday work.*

Caretaking Functions of Public Schools

There are many possible ways in which school systems can work preventively with parents. A few of them are illustrated in the following examples derived from the Wellesley, Mass., school system, which, in addition to the services of a clinical psychologist and speech therapist within the schools, utilizes the consulting resources of the Human Relations Service, an independent community mental health center:

1. Conferences to discuss children's academic progress and general school

adjustment are scheduled twice a year by each classroom teacher with every parent. Teachers sometimes call upon the psychologist to join in such a conference, and often discuss conferences with the mental health consultants.

2. The speech therapist offers help to parents who may wish to work with minor speech problems of preschoolers to forestall, when possible, more prolonged speech difficulties during the school age years.
3. With the sanction and support of the schools the mental health center offers a social and emotional "pre-school checkup," for children about to enter kindergarten, similar in intent to physical and dental examinations prior to school entry.
4. Principals and teachers play an active part in working with PTA's and their committees. The educational opportunities of PTA meetings are obvious. Participation in PTA projects may also help troubled or troublesome parents develop greater investment in the school and a corresponding sense of acceptance within school and even neighborhood.
5. Mental health personnel help to plan and conduct workshops for teachers on utilization of parent interviews.
6. School principals have an open-door policy with parents, and much of their time is taken up with parent conferences and telephone calls. Such contacts do not always concern a child's adjustment: the principals may find themselves being consulted about control of pet dogs in a neighborhood or parental debates regarding the advisability of rock-and-roll parties for fifth-grade students.
7. School nurses frequently visit children confined at home with prolonged or frequent illnesses.
8. Orientation meetings and social hours

for new parents are held each fall in most of the elementary schools. In addition to teachers and principal, the school psychologist, nurse, and mental health consultant attend and describe their services to children and parents.

9. On occasion, groups of parents are brought together for face-to-face discussion meetings with teacher, principal, school psychologist, or mental health worker from the community agency. The nature and purposes of such meetings vary widely and, therefore, are discussed below in some detail.

Preventive Groups for Parents

Group discussions with parents can be arranged in different ways depending upon the purposes of such meetings.

1. In some places, *general child study groups* are recruited systemwide on a volunteer basis. Such groups usually include first of all troubled parents, those with the greatest felt need for help with child-rearing concerns. These groups often are quasi-therapeutic in nature and intent.
2. Other localities have found it helpful to recruit *neighborhood child study groups* from within a local school unit. On this basis, parents living in a particular neighborhood are sometimes able to develop more supportive lasting relationships, which, on occasion, have proved valuable in forestalling or resolving neighborhood conflicts or planning for neighborhood needs.
3. In Wellesley, "*crisis groups*" were recruited from parents whose children were making the transition from home to school. Such groups can be organized from among those facing any of the common transition points in the

school experience—for instance, the shift from primary to intermediate grades, or the move from neighborhood units to centralized secondary schools.

4. *Groups facing common predicaments* often derive help from regular meetings. A common practice in special education programs, for example, is a guided group discussion for parents of exceptional children. Besides providing needed parent education and support, these discussion groups on occasion have developed planning and action goals—such as arranging for postschool vocational programs for the retarded.
5. Schools may also serve as the rallying point for *ad hoc groups* of parents involved in a specific neighborhood problems common to them all.

School psychologists who possess special skills in working with groups can give significant leadership to the development of in-school preventive programs for parents. In so doing, they can interpret the therapeutic limitations, and at the same time emphasize the importance of organizing groups around specific and realizable objectives.

Because of his specialized knowledge, the psychologist at first assumes the role of discussion leader or resource person for parent groups. Later he may be able to recruit, train, and supervise additional leadership from the ranks of teachers and principals. With the psychologist's support, educators and parents can be brought together for a meaningful exchange of points of view. The resulting empathy for parents and their concerns on the part of school personnel may have far-reaching implications for everyday encounters between educators and parents and for the continuing creative use of parent contacts for preventive purposes.

References

GILDEA, MARGARET, *Community Mental Health*. Springfield, Ill.: Charles C. Thomas, Publishers, 1959, 169 pp.

KLEIN, DONALD and ROSS, ANN, Kindergarten entry: a study of role transition in M. Krugman (Ed.) *Orthopsychiatry and the School*. New York, Amer. Orthopsychiat. Assoc., 1958. 60-C9.

VII. An Example of Secondary Prevention Activities in the Schools: Talent-Searching in a Culturally Deprived Population

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We have often heard educators saying something like this: "Meeting the needs of youth in their everyday life situations by helping them adjust to their peer and other members of their in-group and to the cultural and vocational demands is the privileged role of American education."

Unfortunately, such a combination of words actually says nothing to anyone. It is the sort of sentence that too many of us in education have been using for too long—full of sounds that cease to be meaningful, a particularly offensive kind of jargon. Anyone who chooses to listen to it is dangerously lulled, since he can say, "Oh yes, I've heard that before, and I agree," but he has really no idea what he is agreeing with. The words have hung on the air, and no one is any different for having said them or listened to them. It is this kind of mouthful that has camouflaged the schools' problems by implying that all the talent-searching help in the world is there for the asking—if the youngsters only want to respond to it.

So far as I know there are three kinds of talent-searching: looking for talent that is right under your nose (easy); looking for talent that has not been noticed (not too difficult); and looking for talent that, under most of our present educational practices, seems not to be there at all (frus-

trating and very difficult). The first kind of search might be called "the search for talent that has never been lost"—and this is a rather good description of our educational processes and the classic method of identifying talent. In many earlier societies at many times, this method has been sufficient, for a small coterie of the talented could handle the need for enlightenment. But in our times and in our society, it is not sufficient.

If we contrast our willingness to develop talent—or at least talk about the need to develop it—with our unwillingness to pay the demanded price, we can see the gap between the word and the work. It is a very wide gap, and its width makes us look for easy, convenient, and inexpensive methods of developing talent overnight. Mass testing methods are supposed to be among the easy methods. However, although once in a while they may identify a talented youth, they cannot *develop* talent. Especially can they not develop—and not even identify—the kind of talent that may be said not to exist until it is discovered.

The search for this kind of talent is the most expensive of all. It also is, without doubt, the most exciting to the searcher. Further, it involves the searcher in imposing his own values on others. The details

of this kind of search will be described in the second part of this paper by Daniel Schreiber. Here I will sketch what was the basis of the demonstration guidance project in which Schreiber was involved. Inaugurated in 1956 by the School Board of New York City, its aim was to upgrade students who came from a background of almost unbelievably limited cultural experience. We glibly use that phrase—"limited cultural experience"—but how many of us know what it really means—in terms of the children who have such a background? Let me tell you what it means. Many of these children, before they came to school, had never associated with anyone who could read. In fact, the infinitive "to read" was not within their experience. They couldn't tell time. They were often not quite sure what family on their block they belonged to, and they had rarely ventured more than a block away from where they were said to "live."

What can be done for children like these? Motivation and stimulation are of course important, and can have dramatic results—as they did in the demonstration project. But the effects will be minor in the long run unless there has also been sufficient help in subject matter to lead to real educational achievement. It is our serious error if we think that the only program that can motivate and stimulate must be a startling demonstration project or a massive dose of do-goodism. Putting it bluntly, such attempts should be part of any program of education, and, only if they are, can the program be called well-conceived. Moreover, the program should not begin in high school or in junior high, but in the early days when the school and the child—with or without his family—first confront one another. If these underprivileged children are to obtain any privileges at all, I am convinced that such a program, with strong emphasis on subject matter achievement, is absolutely necessary.

Not surprisingly, the success that our so-called demonstration or pilot projects have had are really based on a handful of long-known educational concepts, which for some lamentable reason seem only to be applied in this kind of special situation. The first of the concepts is that if you pay enough attention to children they will respond. When the children concerned are like those in the New York City project, the schools are obliged to assume responsibility for certain aspects of the educational process, which, on other cultural levels in other locales, would be provided by the family and the church. On levels and in locales where family ties are virtually nonexistent and where the church has lost its authority, the schools cannot dodge the moral commitment of being—or seeing to it that they are—the best-equipped and the best-staffed of all public agencies to wean disadvantaged children away from the corrosive and corrupting influences of backgrounds they did not ask to be born into and had no part in creating.

A recent article in the *Journal of Child Psychology and Psychiatry* by Leon Eisenberg comments on the strategic development of the child psychiatrist in preventive psychiatry. I submit that his remarks also apply to psychologists. Whether the wretched lives that some boys and girls lead are viewed as an educational or a psychological problem, and whether the psychologist considers himself an educational psychologist or a clinical practitioner, there are certain incontrovertible evidences of the folly of using all the professional psychological skills (kept by school systems in such limited supply) for treatment rather than for prevention. The size of the problem to be attacked precludes *post hoc* treatment. The only effective control is *prevention*—what Eisenberg calls "identifying populations at risk and providing specific protection, even though only partial solutions are available."



Because emotional illness springs from our city slums, because the children there are hungry, because they lack care before and after birth, because they are the victims of infection and injury, because nobody in their immediate community sphere talks about ideas or reads books, and because there is no family life as it is known in the middle class, it is urgent that demonstration guidance projects become more than "demonstrations" or "show cases." The pilot projects in Kansas City, Detroit, Chicago, Cleveland, Washington, and Portland are promising, but they are still something less than all out. Some are dependent on private funds, and all are limited in the number of children they can reach. The New York City project never reached more than 300 students at any one time, a very small drop in a very large bucket. Yet *all* slum children, when they are for the time being captives in the schoolroom, provide us with the opportunity of developing new methods and of making full use of methods already developed for the care of children at an early stage in their development.

School psychologists should *be* psychologists—not simply clinicians. I do not mean to belittle case study, counseling, and therapy, but the new advances in psychology—such as programmed learning and emphasis on group evaluation—have more direct implications for education. Yet these new directions are in danger of becoming the province of the less trained, so-called "social" psychologist, unless those who have really sound things to say about how people learn do not behave as if the new ideas are within their province. If 80 percent of a psychologist's time is spent on individual testing, he should seriously consider whether he is not reducing the impact he might have on the rest—and largest part—of the school's population. He should ask himself whether he is truly a *school* psychologist—one that is basi-

cally responsible for the application of psychological knowledge to *education*.

Further, both psychologists and counselors in secondary schools should take pains to discover whether they are too often talking only to the children who will easily respond—the academically talented, the highly verbal, the willing. Are we excusing our disregard of the nonverbal and unwilling child by pretending that the school's learning and behavior standards must be met? Do we let our real concern for all boys and girls and our sincere desire to help them learn be overshadowed by the kind of hostility that is bred from our frustration when students are difficult to teach? If so, I suggest there is a cure for this hostility—taking part in planning *programs that will work*. The New York project was such a program.

To institute a program of this sort for so-called lower-class youngsters, we must reject as unnatural a dichotomy that many people claim exists between counseling and teaching. I contend that the distinction is a myth that stemmed from the unfortunate circumstance that lower-class children have too often attended inferior schools and been subjected to inferior teachers. But even in schools where social classes are mixed, where teachers quickly come to know which children have never been urged at home to do well in their studies and for whom no one has ever stressed school achievement as related to achievement in life, teachers may tend to base their academic expectations only on the children from higher-class homes. In so doing, a teacher subtly reinforces (without intention) the relationship between social and economic class and the quality of education. A study by Hollingshead has demonstrated that students from upper-class and middle-class homes are given about eight times as much outside-class help by teachers than are the youngsters on the lowest economic levels, despite the greater need of the latter.

Are programs like the demonstration guidance project too expensive to be supported from regular school budgets? It certainly does cost money to give an unloved child undiluted and massive doses of attention, to keep schools open and functioning at night, to subsidize jobs so that youngsters may learn how to work, to provide special classes with special teachers, and to staff the schools with enough counselors, psychologists, and social workers to work affectionately, consistently, and effectively with youngsters—especially those who need it the most and are consequently the most difficult at first to work with. The New York City school budget in 1962 was about \$500 million. An increase of \$65 million, or about 12 percent, would make such a program available to a quarter of a million children, virtually all of them underprivileged.

Yes, such a program is expensive—about \$250 over the normal cost per student. At least it would be thought of as expensive by those who plan the budget. But let us consider a few other costs that a community must underwrite at present. To process *one youngster* through the juvenile courts costs New York City about \$4,000. In Chicago during the 1960-61 school year, some 17,000 youngsters dropped out of school; a fair share of these will undoubtedly be on the welfare rolls for the next fifty years, at a total cost to the community of more than \$30,000 for each individual. Consider, too, the by-now hackneyed estimate that a high school graduate will earn in his lifetime about \$64,000 more than a dropout. The income tax on an aggregation of such amounts alone would come close to underwriting the extra costs of the desired program—and we might also remember the loss to the community of sales taxes on things that the poor will never buy, or the loss to the whole economy of purchasing power. The greatest loss, however, cannot be reckoned in the accountant's ledger: there is no way of put-

ting a price-tag on a wasted, useless, frustrated life.

If some administrator in some large city could look at the entire community budget in perspective, he would be quickly aware of the very great financial burden that results from the lack of effective schools. If he were really perceptive, he would also be aware of the costs in terms of the indignity done to the human spirit—costs which all of us are paying and paying all of the time. These things have often been the subject of speeches by that and that administrator, but, since there is never much action after the speech, I am afraid the man never really looked at the whole budget, long enough and hard enough.

There seems to be some evidence of a nonlinear relationship between the money spent on school programs and the results obtained. That is, there may well be a critical point of student inertia or hostility below which not enough *can* be done to overcome it. Watered-down programs are not good enough, no matter what the budgeteers try to pretend when they say they'd rather spread available funds thin over all the school districts, than concentrate them on one school or one district. The New York project has shown (as Schreiber will describe) that once a youngster has been helped to overcome his initial hostility and inertia he gets tenacious about finding ways to become a permanent member of the middle class. Those in charge of any such program should be warned that once this critical change has taken place in boys and girls, the obligation of the school to provide for further change has increased enormously; if this provision is not made, it would be better to have done nothing at all. Making people itch without showing them where adequately to scratch is a tragic disservice.

The New York project (scheduled from its inception to close down in June 1962) gave birth in 1959 to the much better-known

Higher Horizons Program, which by 1962 had been installed in sixty-five of the city's elementary schools and junior highs, and has now spread out to other large cities. The rationale for the Higher Horizons Program is this: if the effort to show a child what education can really mean to him starts earlier—say at the third grade—there is less harm to be undone, and therefore the program will cost less and help more. However, there is still one thing we do not know about the earlier demonstration project: to what extent was the really jolting effect of the concentrated, massive doses of help to the youngsters responsible for changing their conceptions of themselves and the world? They did change dramatically in this regard—and such change is essential if any program is to be called meaningful. If the wider range of the Higher Horizons project results in a dilution of services, we may find that the jolting effect of the earlier project was the key to change. Certainly, if services and costs are diluted too much, I believe the children will not be getting enough help to make a difference. The demonstration project was a concentrated blockbuster—and it got results.

The College Board contributed some \$60,000 to the demonstration project, less than 10 percent of the total cost. This was an

unrestricted fund that could be used by the wise men running the project, who were often frustrated by the cumbersome machinery of the city purchasing office. They used it to procure the things that were needed quickly—opera tickets, bus transportation, and the like. For the Board, the project was a complement to our Advanced Placement Program, which tries to meet the urgent needs of the student who is known to be gifted. If these needs are met—and they must be—so must encrusted talent be wrenched from the environment that will not voluntarily let it emerge. This wrenching is a rugged endeavor that our country must find ways to afford—because the cost of not affording it is greater than can possibly be reckoned. Individuals must not be allowed to be spawned, to live, and to die without having been anything but a drain on their communities and without having known some degree of the joy of self-sufficiency. My colleague, Sam Kendrick, has said: "Whether they will or not, pupils whose tastes are gross when they could be fine, whose accomplishments are mean when they could be large, and whose ability to choose a future for themselves is restricted by an ignorance of the variety of the world, must be given what they will not demand."

VIII. An Example of Secondary Prevention Activities in the Schools: The New York City Higher Horizons Project

Daniel Schreiber, *Director, NEA School Dropout Project*

As new customs and changed situations develop in our society, terms to describe them are added to our colloquial language. If the custom and situation persists long enough, the coined word is finally enshrined in a dictionary. The word "dropout" (designed as "colloquial" and de-

fined as "one who drops out, as from school, a course of study, etc.") has been included in Webster's New International Dictionary, Unabridged, for more than a human generation. This bespeaks the long and growing tide of the situation; yet only in very recent years have we begun to

make an adequate examination of the reasons for, the evils of, and possible remedies for the situation.

If the children who have left school over past decades in sufficient numbers to cause "dropout" to appear in a dictionary came from homes on a comfortable socioeconomic and cultural level, the word would have less of the urgent connotation that it belatedly has come to have. The trouble is that most of the dropouts are boys and girls from homes on the lowest socioeconomic level where cultural deprivation has already intensified the odds against a child's capacity to learn in school systems that are in general geared to middle-class backgrounds.

Frustrated by constant failure in the average school, a good many of these children—whose talents, of whatever large or small degree, need the most searching-out and the longest and most intensive efforts to develop—leave school at the earliest possible legal age. Thus they have restricted the number of vocational avenues open to them and their future earning power. Large numbers of them cannot find jobs, and after a few years of unemployment become totally unemployable. A study (reported by James B. Conant) of a neighborhood with a population of 125,000 in a large northern city showed that about 70 percent of the 16- to 20-year-olds were not in school and were unemployed. The costs to society of this situation in terms of crime, out-of-wedlock children, and welfare clients can easily be predicted. In addition, these young people can be expected to make no contribution whatsoever to our nation and its critical manpower needs.

The folly, I think we all agree, of permitting such wastage and stifling of human material seems too obvious to need comment. Actually, it has been commented on a great deal, but there have been only a few attempts to do anything about it except to wring one's hands, and most of the

attempts have been only sporadic. But I have great faith that the project I am about to describe illustrates what can be accomplished by determined and concentrated effort.

In September 1956, the Board of Education of New York City, believing that this waste could be stopped and talent developed instead, embarked on a project geared to those ends. By 1959, the success of the pilot project led Superintendent of Schools John J. Theobald to expand it into the Higher Horizons Program, which as of early spring 1962 included 32,000 pupils in 65 of New York's elementary and junior high schools.

The Higher Horizons Program seeks to raise the educational, cultural, and vocational sights of children, especially children from the less-privileged groups. It believes firmly that children with academic talent can be found in all groups. It is based on the principle that it is the duty, responsibility, and function of a Board of Education to seek out, to uncover, and to develop talent wherever it exists. To do less, to neglect or overlook the full development of any child—bright, normal, or dull—is unconscionable. Governor Nelson A. Rockefeller in his annual address to the State Legislature on January 4, 1961, said:

No human waste is more tragic than the waste of human talent which occurs because the possessors of such talent are held back by accident of birth or social circumstances for which they have no responsibility.

The program believes in the potential dignity of all human beings and that, in these United States, the length of a person's reach should in no way be shortened because of poverty, race, or religion. It encourages children to set desirable goals for themselves, then helps them achieve the goals. The basic approach of those who are involved in the program is to create in the minds of both the child

and his parents an image of the child's full potential. We realize full well that the creation of the image and the motivation to attain goals are, by themselves, not enough. Knowledge and skills must be acquired, achievement levels raised, and correct study habits learned. Therefore, Higher Horizons is designed to be a total educational program.

Although the pilot guidance project from which Higher Horizons emerged was specialized and very concentrated, a description of the problems it presented and of how we tried to solve them—and especially the results we attained—will lead, I think, to a better understanding of what Higher Horizons hopes to do.

Essentially, the pilot project (as John Duggan has said earlier) was a talent search to discover and identify academically able students in less privileged groups, and then to stimulate them to graduate from senior high schools and attend post-secondary institutions, especially 4-year colleges. The setting was New York's Junior High School No. 43. In 1956 the ethnic ratios within its student population of 1,500 were approximately 45 percent Negro, 40 percent Puerto Rican, 1 or 2 percent Oriental, and the remainder whites, of at least 20 different nationalities. Many of these children came from broken homes (about 40 percent) or from homes with working mothers and no fathers (50 percent); for a child in either situation, the teacher must become the parent substitute.

A study of the 1953 (preproject) graduating class of JHS 43 had indicated that about 40 percent of the boys and girls had gone on to graduate from senior high schools—in contrast to the citywide average of 60 percent; that less than 8 percent had applied for admission to postsecondary schools; and that less than 4 percent (18 out of 500) had applied for admission to 4-year colleges. When we pondered these findings, we were unwilling to be-

lieve that any human group could contain so many children with so little effective brainpower.

We therefore began the project by identifying the able pupils among the 1956 population of JHS 43. The cumulative record card of every child was studied, and the entire student body was given not only the Stanford reading and arithmetic tests but also a nonverbal intelligence test. In the past, this school's median IQ, based on group verbal tests, had ranged from 79 to 82. The nonverbal tests in 1956 produced a median score of 100 and, even more interesting, a normal distribution of scores. I do not know whether this test measured the type of intelligence necessary to do college work, but I do know that the score of 100 gave our teachers a tremendous lift. It is one thing to teach a class with an IQ score of 82; it is quite another to teach one with a score of 100, for, as teachers, we expect more from our pupils and in turn give more of ourselves.

Our prime approach was to create in the child's mind an image of himself as a college student. We knew, of course, that this was easier to say than do. Let me relate very briefly and rather categorically some of the ways in which we tried to carry out this aim.

1. The guidance activities for the experimental group were in the hands of three special counselors, each of whom was assigned to one grade of approximately 250 pupils with whom she met for both group guidance and individual counseling. All of our students followed the regular course of study, but we saw to it that greater stress was placed on career study and personal career planning. To help the students realize that all career avenues were potentially open to them, counselors and students prepared an achievement chart with photographs of people from greatly varied ethnic backgrounds whose

abilities had enabled them to be successful in their chosen fields. The captioned photographs of these new heroes and heroines were a potent stimulant to our students. As part of the study of careers, we visited such institutions as research centers, professional schools, and hospitals—among them the Brookhaven Atomic Energy Laboratories, Sloan-Kettering Cancer Research Center, and the New York University's Bellevue Research Center. They thus learned at first hand the educational requirements for various professions, and many of them became aware, for the first time, that a college graduate could become a laboratory research worker without having gone to medical school.

2. Four teachers, two to each subject, were assigned to cope with remedial problems in reading and arithmetic. Approximately 100 students a year received individual help in each subject. These remedial teachers also gave demonstration lessons and trained other teachers in the use of improved techniques of teaching (described below).
3. It was our hope that the cultural level of our children could be raised through exposures to good music, wide reading, good theater, and fine art. A threefold learning attack was made for each activity. For example, a group that was slated to go to the Metropolitan Opera House would first view a film strip about the opera and listen to an operagraph recording; next, they saw the opera; finally, back at school they would listen to the recording again and discuss it, as well as the live performance they had heard and seen. We found that this approach made it difficult for a student to resist or to forget the experience. Groups went to Carnegie Hall

to hear the New York Philharmonic, and to various art museums. They went to Broadway theaters to see such plays as "Sunrise at Campobello," "Time Remembered," and "Ages of Man." Whenever possible, we arranged to have students go backstage to meet the actors; they were especially fortunate (and pleased) to meet Helen Hayes and John Gielgud.

4. Since our prime goal was admission to college, we acquainted the students with college life through trips to City College of New York, Columbia University, New York University, Manhattan College, Pace College, Wagner College, Hofstra College, and Rutgers, Princeton, and Yale universities. In some instances we visited classrooms and laboratories and met with students and instructors; in others, we toured the campus, had lunch, and saw a football game.
5. We brought parents in on the project through special daytime meetings where they were told of our goals and hopes, and we invited their cooperation, understanding, and help. (Prior to each meeting, special meetings of our teachers were held.) For parents who could not come during the day, evening meetings were held, and if, for some reason, attendance was not possible either day or evening, a case worker or guidance counselor visited parents at home. The response to both the meetings and the visits was highly encouraging.
6. A teacher-training program called "Ten Thursdays in Reading" was started. Once a month, major subject-matter teachers came to a special kind of reading class, where they acted as pupils while one of the remedial reading teachers demonstrated the teaching of a specific reading skill. Thus to some extent a real classroom situation was projected.

During the following 2 weeks, the attending teachers devoted ten minutes of each class period to teaching this specific skill to their own pupils; the teacher of language arts gave at least half of the reading period to study of the same skill. This frontal attack on reading was good for both pupils and teachers, since it gave teachers of other content areas the practical know-how of instructing in reading skills.

It has probably been noted that I have been discussing our successes—and not our failures. I do this because the former greatly outweighed the latter, and also because I take great pride in the accomplishments of our students and their parents in raising their educational and vocational sights. Therefore, I shall go on emphasizing our successes, which in some areas were remarkable—not because they were our own, but because they showed what can happen when children are given dedicated attention.

A study of the growth in reading ability among our students in the various grades showed a rate of increase of 1.5 year-per-year. This compared most favorably with their previous growth rate of 0.8 year-per-year. In preproject years students who on entering junior high schools were 1.5 years retarded in reading were 2.0 years retarded when graduating. The June 1961 graduates from our experimental groups had the following record (based on 147 students who were present for all 3 tests): From a retardation of 1.4 years in the seventh grade, they went to 0.3 years above their grade level in the ninth grade. In the seventh grade only one student out of five had been on or above that grade level; in the ninth grade, the proportion was better than one student out of two on or above the grade level—a better-than-normal distribution of ability. The median student had a rate of growth of 4.3 years in 2.6 years.

This study indicated clearly that once a student is taught how to read with comprehension, then is encouraged to enjoy reading, and meanwhile is motivated with a desire to better himself, he will do supplementary reading on his own. This additional reading increases his understanding and improves all the rest of his schoolwork. The guidance and counseling program revealed a number of other interesting points, as a consequence of which we came to believe that the motivations stemming from career study and personal career planning ought to be stimulated much earlier in a child's school experience. After the trips we made to the colleges, for example, the students' eager questions showed that their appetites had been whetted for more learning about careers, and it seemed regrettable to us that they had not had the chance earlier.

In a comparison study we made of the achievements of our 101 project graduates of 1959 and the 105 preproject graduates of 1953 after each group had had one semester of study in senior high school, we came up with these findings:

In the 1953 group, only five students had passed all their major subjects, and only two of these had averages above 80 percent. In the 1959 group, 58 students passed all of their majors, and 28 of these had averages over 80 percent—and we added a new classification for 8 students whose averages were over 90 percent. In other words, in the project group, as compared to the 1953 preproject group, there were 12 times more students who passed all of their major subjects during their first semester in senior high school.

In June 1960, the students from our first project class graduated from senior high school (148 out of the nearly 250 who had been in the first experimental group at JHS 43). Let us look at their records.

Four students who came to the project with IQ's of 74, 83, 85, and 72 graduated with IQ scores of 106, 118, 98, and 96 re-

spectively. The boy who had the 74 score entered a college of engineering in New York City. Four other students had come to us with IQ scores of 108, 99, 125 and 128. Three years later the score of the 108 boy was 134; the other 3 scored 139 plus—and the only reason that the scores were 139 plus and not more is that they went through the ceiling of the test.

Three of the project students ranked first, fourth, and sixth in the high school graduating class of 900; these boys entered on full scholarships, Amherst College and Columbia University. Others are attending the University of Michigan, Union College, and Franklin & Marshall College. In 1956, the median IQ of the group of three boys in the Pintner Intelligence Test had been 92.9; in 1959, it was 102.2. For the second group, the median went from 98 to 112.

Our results with children in the Higher Horizons Program seem just as remarkable. In 1959, third-graders in schools which later became Higher Horizons schools were 7 months retarded in reading comprehension; in 1960, they were only 1 month retarded. We can predict that if this growth continues, the Higher Horizons

pupils will have the same score as the city-wide child and the same distribution of scores.

After Secretary of Health, Education, and Welfare Abraham Rubicoff had visited a Higher Horizons junior high school in Harlem, he said, "This is for all America. This is the greatest single experience I have had and the greatest single lesson I have learned."

If one has faith in all children, and if this faith is transmitted to them, children who in the past did not achieve academic success can do so. By giving them the promise of a new life, we not only open up new vistas for them but also give them the will to have this good life. I know it can be done, because my eyes have seen it being done.

References

- GILDEA, MARGARET, *Community Mental Health*. Springfield, Ill.: Charles C. Thomas, Publishers, 1959, 169 pp.
- KLEIN, DONALD and ROSS, ANN, Kindergarten entry: a study of role transition in M. Krugman (Ed.) *Orthopsychiatry, and the School*. New York, Amer. Orthopsychiat. Assoc., 1958. 60-69.

BIBLIOGRAPHY

1. Allinsmith, Wesley & Goethals, George W. *The Role of Schools in Mental Health*, Joint Commission on Mental Illness & Health, Monograph Series No. 7, New York: Basic Books, 1962.
2. Biber, Barbara "The Implications of Research in Learning for Public Education" in *New Directions in Learning*, Proceedings of the California Association of School Psychologists & Psychometrists, March 1959.
3. Bower, Eli M. "Primary Prevention of Mental & Emotional Disorders: A Conceptual Framework & Action Possibilities." *American Journal of Orthopsychiatry*, 33, 5, October 1963, 832-847.
4. Bower, Eli M. "Primary Prevention in a School Setting" in *Prevention of Mental Disorders in Children*, Gerald Caplan (ed.) New York: Basic Books, 1961, Chapter XVI.
5. Bronfenbrenner, Urie "Soviet Methods of Character Education: Some Implications for Research" *American Psychologist*, 17, 8, August 1962, 550-564.
6. Caplan, Gerald "Mental Health Consultation in the Schools" in *The Elements of a Community Mental Health Program* New York: Milbank Memorial Fund, 1956.
7. Caplan, Gerald (ed.) *Prevention of Mental Disorders in Children*, New York: Basic Books, 1961.
8. Coleman, James S. *The Adolescent Society*, Glencoe, Illinois: The Free Press, 1961.
9. Ginzberg, E. & Associates, *The Ineffective Soldier: Lessons for Management and The Nation*, New York: Columbia U. Press, 1959.
10. Gardner, John *Excellence*, New York: Harper & Bros., 1961.
11. Gladwin, Thomas "Strategies in Delinquency Prevention" in *The Urban Condition*, Leonard J. Duhl (ed.) New York: Basic Books, 1963, Chap. 20.
12. Hofstadter, Richard *Anti-Intellectualism in American Life*, New York: Alfred A. Knopf, 1963.
13. Hollister, William G. "Current Trends in Mental Health Programming in the Classroom" *Journal of Social Issues*, 15, January 1959, 50-58.
14. Hollister, William G. "The Care and Feeding of Consultants" in *Programming Consultation Services to Schools by Mental Health Specialists*, Sacramento: California State Dept. of Mental Hygiene, 1961, Chap. 7, 35-43.
15. Klein, Don "Some Concepts Concerning the Mental Health of the Individual" *Journal of Consulting Psychology*, 24, 4, 1960.
16. Klein, Don & Ross, Ann "Kindergarten Entry: A Study of Role Transition and Its Effects on Children and Their Families" in *Orthopsychiatry and The School*, Morris Krugman (ed.) New York: American Orthopsychiatric Association, 1958.
17. Lambert, Nadine *The Development and Validation of a Process for Screening Emotionally Handicapped Children in School*, Cooperative Research Project No. 1186, U.S. Office of Education, 1963.
18. Lambert, Nadine & Bower, Eli M. *Teachers Manual: In-School Screening of Emotionally Handicapped Children*, Princeton, N.J. Educational Testing Service, 1961.
19. Lander, Jacob *Higher Horizons, Progress Report*, New York: Board of Education of the City of New York, 1963.
20. Levitt, Morton *Freud and Dewey on the Nature of Man*, New York: Philosophical Library, 1960.
21. Miller, Alan D. "The Role of the School System in a Mental Health Program" *Orthopsychiatry and the School*, Morris Krugman (ed.) New York: American Orthopsychiatric Association, 1958. 135-140.
22. Rapoport, Anatol *Fights, Games & Debates*, Ann Arbor: The University of Michigan Press, 1960.
23. *Programming Consultation Services to Schools*, Sacramento: California State Department of Mental Hygiene and Education, 1961.
24. Sanford, Nevitt "Higher Education as a Field of Study" in *The American College*, Nevitt Sanford (ed.) New York: John Wiley & Sons, 1962, Chapter 2, 31-73.
25. Sanford, Nevitt "Higher Education as a Social Problem" in *The American College*, Nevitt Sanford (ed.) New York: John Wiley & Sons, 1962, Chapter I, 10-30.
26. Schreiber, Dan *The School Dropout*, Washington, D.C.: National Education Association, 1964.
27. Silber, Earle et al. "Adaptive Behavior in Competent Adolescents" *Archives of General Psychiatry*, 5, October 1961, 354-365.
28. Sutherland, R. L., Holtzman, W. H., Koile, E. A., Smith, B. K. (eds.) *Personality Factors on the College Campus*, Austin, Texas: The Hogg Foundation for Mental Health and The University of Texas, 1962.
29. Thelen, Herbert A. *Education and the Human Quest*, New York: Harper and Brothers, 1960.